

No. W 27772		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. OLSEN CHIROPRACTIC CENTER, PLLC JOSHUA B OLSEN 2621 OVERLAND AV BURLEY ID 83318		JOSHUA OLSEN 2621 OVERLAND AV BURLEY ID 83318			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOSHUA OLSEN	2621 OVERLAND AV	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 27772		6. Annual Report must be signed.* Signature: Joshua Olsen Name (type or print): Joshua Olsen Date: 02/06/2012 Title: Member					
Processed 02/06/2012		* Electronically provided signatures are accepted as original signatures.					