

No. C 136612

Due no later than December 31, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

OLAVESON CHIROPRACTIC PA  
657 S WOODRUFF AVE  
IDAHO FALLS, ID 83401HEATHER OLAVESON  
657 S WOODRUFF AVE  
IDAHO FALLS, ID 83401NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

President	Gary L Olaveson	896 Twin Butte Rd	Menan	ID	83434
Secretary	Heather C Olaveson	896 Twin Butte Rd	Menan	ID	83434

5. Organized Under the Laws of:

IDAHO  
C 136612

6.

Signature

Name (Typed or Printed)

Heather Olaveson

Date

11/14/08

Title

Secretary