

No. **W 27772****Due no later than January 31, 2006**2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080**Annual Report Form****1. Mailing Address - Correct in this box, if applicable**OLSEN CHIROPRACTIC CENTER, PLLC
2621 OVERLAND AV
BURLEY, ID 83318

JOSHUA OLSEN

2621 OVERLAND AV
BURLEY, ID 83318**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member	Joshua Olsen	P.O. Box 26	Kimberly	ID.	83341 83341
member	Becky M. Olsen	P.O. Box 26	Kimberly	ID	83341

5. Organized Under the Laws of:
IDAHO
W 27772

6.

Signature

Name (Typed or Printed)

JOSHUA B. OLSEN

Date

11-7-05

Title

Issued 11/01/2005

Do Not Tape or Staple

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