

No. C 111129		Due no later than Jun 30, 2015		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		CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed. LILJENQUIST CHIROPRACTIC, P.A. CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318		3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
SECRETARY	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
DIRECTOR	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 111129		6. Annual Report must be signed.* Signature: CodyS Liljenquist Name (type or print): CodyS Liljenquist Date: 07/19/2015 Title: owner/president					
Processed 07/19/2015		* Electronically provided signatures are accepted as original signatures.					