

No. <b>C 136612</b>	<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  OLAVESON CHIROPRACTIC PA HEATHER C OLAVESON 645 S WOODRUFF AVE IDAHO FALLS ID 83401		HEATHER OLAVESON 645 S WOODRUFF AVE IDAHO FALLS 83401			
			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	GARY L. OLAVESON	896 TWIN BUTTE ROAD	MENAN	ID	USA	83434
SECRETARY	HEATHER C OLAVESON	896 TWIN BUTTE ROAD	MENAN	ID	USA	83434
5. Organized Under the Laws of:  <b>ID</b> <b>C 136612</b>	6. Annual Report must be signed.* Signature: Heather Olaveson Name (type or print): Heather Olaveson		Date: 10/22/2014 Title: Secretary			
Processed 10/22/2014		* Electronically provided signatures are accepted as original signatures.				