

No. C 138244	Due no later than Mar 31, 2017 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. OLSEN CHIROPRACTIC & PERFORMANCE ENHANCEMENT, P.A. NATHAN D OLSEN 1220 N MERIDIAN RD MERIDIAN ID 83642	NATHAN D OLSEN 1220 N MERIDIAN RD MERIDIAN ID 83642	
		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	NATHAN D OLSEN	5340 W. OVERLAND RD	MERIDIAN ID USA 83642
5. Organized Under the Laws of: ID C 138244	6. Annual Report must be signed.* Signature: Nathan Olsen Name (type or print): Nathan Olsen		Date: 05/08/2017 Title: President
Processed 05/08/2017		* Electronically provided signatures are accepted as original signatures.	