

No. W 27772	Due no later than Jan 31, 2016 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 CENTER, PLLC JOSHUA B OLSEN 497 EASTLAND DR TWIN FALLS ID 83301		JOSHUA OLSEN 497 EASTLAND DR TWIN FALLS ID 83301-8330			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JOSHUA CHIROPRACTIC OLSEN	497 EASTLAND DR	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 27772	6. Annual Report must be signed.* Signature: Joshua B Olsen Name (type or print): Joshua B Olsen		Date: 11/13/2015 Title: member			
Processed 11/13/2015		* Electronically provided signatures are accepted as original signatures.				