No. **C 136612**	**Due no later than Dec 31, 2009** **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.** OLAVESON CHIROPRACTIC PA HEATHER C OLAVESON 657 S WOODRUFF AVE IDAHO FALLS ID 83401	HEATHER OLAVESON 657 S WOODRUFF AVE IDAHO FALLS ID 83401 3. New 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

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 136612**	Signature: Heather Olaveson	Date: 01/26/2010
	Name (type or print): Heather Olaveson	Title: Secretary

Processed 01/26/2010

* Electronically provided signatures are accepted as original signatures.