

No. **C 111129**

**Due no later than Jun 30, 2001**

**Annual Report Form**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

~~LILJENQUIST CHIROPRACTIC, P.A.~~

CODY LILJENQUIST  
1700 OVERLAND AVE

BURLEY, ID 83318

2. Registered Agent and Office **NO PO BOX**

CODY LILJENQUIST  
2181 OVERLAND AVE

BURLEY, ID 83318

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Cody Liljenquist	1700 Overland	Burley	ID.	83318
Secretary					
Director					

5. Organized Under the Laws of:

IDAHO  
C 111129

6.

Signature

*Cody Liljenquist*

Date

7-9-01

Title:

President

Name (Typed or Printed)

Cody Liljenquist

XXXX  
Time

Owner

1152