

No. C 138244	DUE NO LATER THAN MAR 31, 2008 Annual Report Form		2. Registered Agent and Office <u>NO</u> PO BOX														
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address (Correct in this box if applicable) OLSEN CHIROPRACTIC & PERFORMANCE EN 1220 N MERIDIAN RD MERIDIAN, ID 83642		NATHAN D OLSEN 1220 N MERIDIAN RD MERIDIAN, ID 83642														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			3. New Registered Agent Signature														
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Nathan D. Olsen</td> <td>1220 N. Meridian Rd</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Nathan D. Olsen	1220 N. Meridian Rd	Meridian	ID	83642
Office held	Name	Street or P.O. Address	City	State	Zip												
President	Nathan D. Olsen	1220 N. Meridian Rd	Meridian	ID	83642												
5. Organized Under the Laws of: IDAHO C 138244		6. Signature <u>Nathan Olsen</u>		Date <u>4-7-08</u>													
		Name (Typed or Printed) <u>Nathan Olsen</u>		Title <u>President</u>													

Issued 4/7/2008 by JJB

Do Not Tape or Staple,
Fold, seal and mail this portion.

200803003138

TC

C