

No. W 27772		Due no later than Jan 31, 2010 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		1. Mailing Address: Correct in this box if needed. OLSEN CHIROPRACTIC CENTER, PLLC JOSHUA B OLSEN 2621 OVERLAND AV BURLEY ID 83318		JOSHUA OLSEN 2621 OVERLAND AV BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOSHUA OLSEN	Street or PO Address 2621 OVERLAND AV		City BURLEY	State ID	Country USA	Postal Code 83318
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: 01/18/2010 Title: Member						
Processed 01/18/2010 * Electronically provided signatures are accepted as original signatures.							