

No. C 138244	Due no later than March 31, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable) OLSEN CHIROPRACTIC & PERFORMANCE EN 5418 N EAGLE RD #110 BOISE, ID 83713		NATHAN D OLSEN 5418 N EAGLE RD #110 BOISE, ID 83713 3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>NATHAN OLSEN</td> <td>5418 N EAGLE RD #110</td> <td>BOISE</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	NATHAN OLSEN	5418 N EAGLE RD #110	BOISE	ID	83713
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	NATHAN OLSEN	5418 N EAGLE RD #110	BOISE	ID	83713											
5. Organized Under the Laws of: IDAHO C 138244		6. Signature <u>Nathan Olsen</u> Date <u>3-03-04</u> (Typed or Printed) Name _____														