	Due no later than March 31, 2004	Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1 Mailing Address Correct in this box if applicable	NATHAN D OLSEN 5418 N EAGLE RD #110
	OLSEN CHIROPRACTIC & PERFORMANCE EN	5416 N EAGEE 118 11 11
	OLSEN CHIROFRACTIO & L. C.	BOISE, ID 83713
	5418 N EAGLE RD #110 BOISE, ID 83713	3. New Registered Agent Signature
		3. New registeres rigers 2 3
NO FILING FEE IF		
RECEIVED BY DUE DATE	ames and Business Addresses of President, Secre	tary and Directors.
	Street or P.O. Address	
Office held Name RESIDENT NATHON O	LSEN STREET OF P.O. Address Street of P.O. Address Street of P.O. Address Street of P.O. Address Both	se ID 83713
DRESIDENT NATIONS		
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5. Organized Under the Laws of:	6. Signature Naturo	Date 3-03-04
5. Organized Under the Laws of:	Signature Nath Over	Date 3-03-04
	6. Signature Nature Order Name Printed)	•
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