

No. C111129	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct LILJENQUIST CHIROPRACTIC, P. CODY LILJENQUIST 2181 OVERLAND AVE		CODY LILJENQUIST 2181 OVERLAND AVE BURLEY ID 83318
	BURLEY ID 83318		3. Organized Under the Laws of: ID C111129

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Cody Liljenquist	1910 T ST	Heyburn	ID	83336
Secretary	SAME				
Directors	SAME				

5. NATURE OF BUSINESS CHIROPRACTIC	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Cody Liljenquist D.C.</u> Date <u>11-15-96</u> Name (Typed or Printed) <u>Cody Liljenquist</u> Title <u>President</u>
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ISSUED: 10-05-1996

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DO NOT TAPE OR STAPLE ↓