

No. <b>C 111129</b>		<b>Due no later than Jun 30, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> LILJENQUIST CHIROPRACTIC, P.A. CODY S LILJENQUIST 1600 OVERLAND AVE SUITE A BURLEY ID 83318-2434 USA		CODY LILJENQUIST 1600 OVERLAND AVE SUITE A BURLEY ID 83318-2434			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
SECRETARY	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
DIRECTOR	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 111129</b>		Signature: Cody S Liljenquist Name (type or print): Cody S Liljenquist		Date: 06/04/2018 Title: owner/president			
Processed 06/04/2018		* Electronically provided signatures are accepted as original signatures.					