

No. W 27772

Due no later than January 31, 2005
Annual Report Form2. Registered Agent and Office **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 applicable

OLSEN CHIROPRACTIC CENTER, PLLC
2621 OVERLAND AV
BURLEY, ID 83318JOSHUA OLSEN
2621 OVERLAND AV
BURLEY, ID 83318**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Member</i> <i>President</i>	Joshua B. Olsen	P.O. Box 26	Kimberly	ID	83341
<i>Member</i>	Rebekah Olsen	P.O. box 26	Kimberly	ID	83341

5. Organized Under the Laws of:

IDAHO
W 27772

6.

Signature

Name

(Typed or
Printed)

Joshua B. Olsen

Date

1-10-05

Title