No. **W 72706**	**Due no later than Mar 31, 2016** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** OLSEN CHIROPRACTIC CLINIC, PLLC NATHAN E OLSEN 2058 E FRANKLIN RD. 110 MERIDIAN ID 83642 USA	NATHAN OLSEN 4909 N CHIMNEY PEAK AVE MERIDIAN ID 83646 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	NATHAN E OLSEN	4909 N CHIMNEY PEAK AVE.	MERIDIAN	ID	USA	83646
MEMBER	HEIDI L OLSEN	4909 N CHIMNEY PEAK AVE.	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 72706**	Signature: Nathan Olsen	Date: 01/19/2016
	Name (type or print): Nathan Olsen	Title: Owner

Processed 01/19/2016

* Electronically provided signatures are accepted as original signatures.