

No. C 136612	Due no later than Dec 31, 2010 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. OLAVESON CHIROPRACTIC PA HEATHER C OLAVESON 657 S WOODRUFF AVE IDAHO FALLS ID 83401		HEATHER OLAVESON 657 S WOODRUFF AVE IDAHO FALLS ID 83401			
			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
SECRETARY	HEATHER C OLAVESON	896 TWIN BUTTE ROAD	MENAN	ID	USA	83434
PRESIDENT	GARY L OLAVESON	896 TWIN BUTTE ROAD	MENAN	ID	USA	83434
5. Organized Under the Laws of: ID C 136612	6. Annual Report must be signed.* Signature: Heather Olaveson Name (type or print): Heather Olaveson		Date: 01/10/2011 Title: Secretary			
Processed 01/10/2011		* Electronically provided signatures are accepted as original signatures.				