

No. C 158001

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

LAURA M JOHNSON STEVENSON
214 E 100 N
JEROME, ID 833383. New Registered Agent Signature

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JOHNSON CHIROPRACTIC CLINIC, P.C.
600 N LINCOLN
JEROME, ID 83338NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Laura M. Johnson - Stevenson	214 E 100 N	Jerome	ID	83338
Secretary	Laura M Johnson - Stevenson	214 E 100 N	Jerome	ID	83338
Director	Laura M. Johnson - Stevenson	214 E 100 N	Jerome	ID	83338

5. Organized Under the Laws of:
IDAHO
C 158001

6.

Signature

Date

10/15/07

Name (Typed or Printed)

Laura M. Johnson - Stevenson

Title

President

Issued 10/01/2007

Do Not Tape or Staple

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