

No. <b>C 158001</b>		<b>Due no later than Dec 31, 2010</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>  JOHNSON CHIROPRACTIC CLINIC, P.C. LAURA M JOHNSON STEVENSON 600 N LINCOLN JEROME ID 83338 USA		LAURA M JOHNSON STEVENSON 214 E 100 N JEROME ID 83338			
				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	LAURA M JOHNSON STEVENSON	214 E 100 N	JEROME	ID	USA	83338	
5. Organized Under the Laws of:  <b>ID C 158001</b>		6. Annual Report must be signed.* Signature: Laura M Johnson Stevenson Name (type or print): Laura M Johnson Stevenson					
		Date: 10/26/2010 Title: President					
Processed 10/26/2010		* Electronically provided signatures are accepted as original signatures.					