

No. <b>C 158001</b>		<b>Due no later than Dec 31, 2016</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 600 N LINCOLN JEROME ID 83338		LAURA M JOHNSON 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	214 E 100 N	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 158001</b>		Signature: Laura Johnson				Date: 10/31/2016	
		Name (type or print): Laura Johnson				Title: President	
Processed 10/31/2016		* Electronically provided signatures are accepted as original signatures.					