





Reinstatement Annual Report Form

STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00

For Office Use Only

-FILED-

File #: 0005036569

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Select one: Standard, Expedited or Same Day Service (see Standard (filing fee \$30) descriptions below) **Current Entity Name** JOHNSON FAMILY CHIROPRACTIC & SPORTS CLINIC PLLC. 0000586122 The file number of this entity on the records of the Idaho Secretary of State is: Organized under the laws of: IDAHO **Entity Type:** Limited Liability Company (D) Entity Subtype: Limited Liability Company Subtype Professional Limited Liability Company Limited Liability Company Name: JOHNSON FAMILY CHIROPRACTIC & SPORTS CLINIC Limited Liability Company name PLLC. The business is organized to practice the profession of: Chiropractic The registered agent on record is: **GARY JOHNSON** Registered Agent Registered Agent Physical Address

The mailing address of the corporation is:

2745 POLE LINE RD

POCATELLO, ID 83201-6111

Limited Liability Company Managers and Members

Name	Title	Address
+ Gary Johnson	Manager	2745 POLE LINE RD. POCATELLO, ID 83201

2115 PINTO AVE

Mailing Address

POCATELLO, ID 83201

The Application for Reinstatement must be signed by at least one governor.

Job Title: Owner

Gary Johnson 12/22/2022

Sign Here Date