

No. C 161374		Due no later than Jul 31, 2012 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. JOHNSON CHIROPRACTIC, P.C. MICHAEL L JOHNSON 6 W BRIDGE ST BLACKFOOT ID 83221		DR MICHAEL JOHNSON 778 HENDERSON BLACKFOOT ID 83221			
						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	MICHAEL L JOHNSON	6 W BRIDGE ST	BLACKFOOT	ID	USA	83221	
PRESIDENT	MICHAEL L JOHNSON	6 W BRIDGE ST	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 161374		6. Annual Report must be signed.* Signature: Michael Name (type or print): Michael					
		Date: 07/23/2012 Title: Johnson					
Processed 07/23/2012		* Electronically provided signatures are accepted as original signatures.					