| No. **C 161374** | **Due no later than Jul 31, 2011**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>JOHNSON CHIROPRACTIC, P.C.<br>MICHAEL L JOHNSON<br>6 W BRIDGE ST<br>BLACKFOOT ID 83221 | DR MICHAEL JOHNSON<br>778 HENDERSON<br>BLACKFOOT ID 83221<br><br>3. New 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: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 161374** | Signature: Michael Johnson | Date: 08/17/2011 |
| | Name (type or print): Michael Johnson | Title: Owner |

Processed 08/17/2011

* Electronically provided signatures are accepted as original signatures.