No. **C 158001**	**Due no later than Dec 31, 2009** **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 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. 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
PRESIDENT	LAURA M JOHNSON STEVENSON	214 E 100 N	JEROME	ID	USA	83338

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 158001**	Signature: Laura M Johnson Stevenson Name (type or print): Laura M Johnson Stevenson	Date: 11/19/2009 Title: President

Processed 11/19/2009

* Electronically provided signatures are accepted as original signatures.