

No. C 158001		Due no later than Dec 31, 2011		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. <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 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				Date: 11/16/2011	
		Name (type or print): Laura M. Johnson Stevenson				Title: President	
Processed 11/16/2011		* Electronically provided signatures are accepted as original signatures.					