

No. <b>C 161374</b>		<b>Due no later than Jul 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  JOHNSON CHIROPRACTIC, P.C. MICHAEL L JOHNSON 6 W BRIDGE ST BLACKFOOT ID 83221		DR MICHAEL JOHNSON 490 N STOUT 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:  <b>ID C 161374</b>		6. Annual Report must be signed.* Signature: Michael Johnson Name (type or print): Michael Johnson Date: 06/29/2010 Title: President					
Processed 06/29/2010		* Electronically provided signatures are accepted as original signatures.					