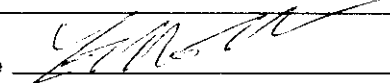


No. C 158001	Due no later than December 31, 2005		2. Registered Agent and Office NO PO BOX LAURA M JOHNSON STEVENSON 214 E 100 N JEROME, ID 83338
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form		
	1. Mailing Address - Correct in this box, if applicable		
	JOHNSON CHIROPRACTIC CLINIC, P.C. 600 N LINCOLN JEROME, ID 83338		
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Laura M. Johnson-Stevenson	214 E 100 N	Jerome	ID	83338
Secretary	Laura M. Johnson-Stevenson	214 E 100 N	Jerome	ID	83338
Director	Laura M. Johnson-Stevenson	214 E 100 N	Jerome	ID	83338

5. Organized Under the Laws of: IDAHO C 158001	6. Signature  Name (Typed or Printed) <u>Laura M. Johnson-Stevenson</u> Date <u>11-9-05</u> Title <u>President</u>
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Issued 10/03/2005

Do Not Tape or Staple

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