No. C 158001	Due no later than December 31, 2005 Annual Report Form	2. Registered Agent and Office 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 applicable JOHNSON CHIROPRACTIC CLINIC, P.C. 600 N LINCOLN JEROME, ID 83338	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.

Office held	Name	Street or P.O. Address	City	State	Zip
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:	6.
IDAHO C 158001	Signature _____ Date 11-9-05 Name (Typed or Printed) Laura M. Johnson-Stevenson Title President

Issued 10/03/2005

Do Not Tape or Staple

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