No. **C 161374**	**Due no later than Jul 31, 2016** **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, P.C. MICHAEL L JOHNSON 6 W BRIDGE ST BLACKFOOT ID 83221	DR MICHAEL JOHNSON 778 HENDERSON BLACKFOOT ID 83221 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
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:	6. Annual Report must be signed.*	
ID **C 161374**	Signature: michael johnson	Date: 07/27/2016
	Name (type or print): michael johnson	Title: owner

Processed 07/27/2016

* Electronically provided signatures are accepted as original signatures.