

No. <b>C 188687</b>		<b>Due no later than Oct 31, 2013</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ELEMENTAL WELLNESS & CHIROPRACTIC P.C. JUSTIN J PETERSEN 701 S WASHINGTON AVE EMMETT ID 83617		JUSTIN J PETERSEN 701 S WASHINGTON AVE EMMETT ID 83617			
				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	JUSTIN J PETERSEN	PO BOX 509	FRUITLAND	ID	USA	83619	
SECRETARY	CHRISTIE R PETERSEN	PO BOX 509	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>UT</b> <b>C 188687</b>		Signature: Justin Petersen				Date: 09/30/2013	
		Name (type or print): Justin Petersen				Title: President	
Processed 09/30/2013		* Electronically provided signatures are accepted as original signatures.					