

No. **W 8976**

**Due no later than Jun 30, 2001  
Annual Report Form**

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

MOUNTAIN STATES CHIROPRACTIC HEALTH

D. JED PETERSON D.C.

~~680 CRIMSON DR~~ 650 N. State Suite #1

Shelley, ID. 83274  
~~IDAHO FALLS, ID 83401~~

2. Registered Agent and Office **NO PO BOX**

D. JED PETERSON D.C.

~~680 CRIMSON DR~~ 650 N. State

Suite #1 Shelley, ID 83274

~~IDAHO FALLS, ID 83401~~

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	D. Jed Peterson D.C.	650 N. State Suite #1	Shelley	ID	83274

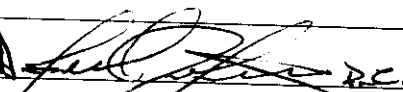
5. Organized Under the Laws of:

IDAHO  
W 8976

6.

Signature

Name (Typed or Printed)



D. Jed Peterson D.C.

Date

5-15-01

Title:

~~X~~ Owner

President/owner

Issued 04/02/2001

Do Not Tape or Staple