No. C 170643				2	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CHRISTOPHER A STOCKWELL DC 679. N. FIVE MILE RD. BOISE 83713 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MOUNTAIN WEST HEALTH SERVICES PC CHRISTOPHER STOCKWELL 679 N. FIVE MILE RD. BOISE ID 83713							
NO FILING FEE IF RECEIVED BY DUE DATE						red Agent of	gnature.		
	ames and Busin	ess Addresses of Preside	nt, Secretary, and Directors. Tre	easurer (op	otional).				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT	CHRISTOPHE	ER ALLEN STOCKWELL	679 N. FIVE MILE RD.		BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Christopher Stockwell Date: 10/30/2					: 10/30/201	4	
C 170643		Name (type or print): Christopher Stockwell			Title: Persident				
Processed 10/30/2014	rocessed 10/30/2014 * Electronically provided signatures are accepted as original signatures.								