

No. C 170643	Due no later than Dec 31, 2009 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. MOUNTAIN WEST HEALTH SERVICES PC CHRISTOHER STOCKWELL 5027 CREE WAY BOISE ID 83709		CHRISTOPHER A STOCKWELL DC 679 N FIVE MILE RD BOISE ID 83713			
			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	CHRISTOPHER ALLEN STOCKWELL	5027 CREE WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 170643	6. Annual Report must be signed.* Signature: Christopher Stockwell Name (type or print): Christopher Stockwell		Date: 11/06/2009 Title: President			
Processed 11/06/2009		* Electronically provided signatures are accepted as original signatures.				