

No. C 188687	Due no later than Oct 31, 2017 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. ELEMENTAL WELLNESS & CHIROPRACTIC P.C. JUSTIN J PETERSEN 343 E MAIN ST WEISER ID 83672 USA		JUSTIN J PETERSEN 343 E MAIN ST WEISER ID 83672			
			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	343 E MAIN ST	WEISER	ID	USA	83672
SECRETARY	CHRISTIE R PETERSEN	343 E MAIN ST	WEISER	ID	USA	83672
5. Organized Under the Laws of: UT C 188687	6. Annual Report must be signed.* Signature: Justin Petersen Name (type or print): Justin Petersen		Date: 10/10/2017 Title: President			
Processed 10/10/2017		* Electronically provided signatures are accepted as original signatures.				