No. **W 8976**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than June 30, 2005
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

MOUNTAIN STATES CHIROPRACTIC HEALTH
D JED PETERSON DC
650 N STATE STE #1
SHELLEY, ID 83274

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

D JED PETERSON DC
650 N STATE STE #1
SHELLEY, ID 83274

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Owner	D Jed Peterson	650 N State #1	Shelley	ID	83274

5. Organized Under the Laws of:
IDAHO
W 8976

6. Signature _____ Date 5-1-05
Name (Type or Print) D Jed Peterson D.C Title Owner

Issued 04/01/2005

Do Not Tape or Staple

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