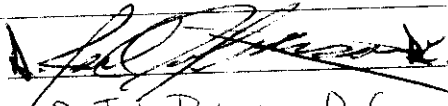


No. W 8976	Due no later than June 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN STATES CHIROPRACTIC HEALTH D JED PETERSON DC 650 N STATE STE #1 SHELLEY, ID 83274		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. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>owner</td> <td>D Jed Peterson</td> <td>650 N State #1</td> <td>Shelley</td> <td>ID</td> <td>83274</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	owner	D Jed Peterson	650 N State #1	Shelley	ID	83274
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
owner	D Jed Peterson	650 N State #1	Shelley	ID	83274											
5. Organized Under the Laws of: IDAHO W 8976		6. Signature  Name (Type in or Print It) D Jed Peterson D.C. Date 5-1-05 Title owner														