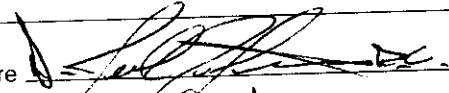


No. W 8976 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2003 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> 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. <u>New</u> Registered Agent Signature
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4. Limited Liability Companies: Enter Names and Addresses of Members.

<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 DC	650 N State Ste #1	Shelley	ID	83274
owner	Rachelle Peterson	650 N State Ste #1	Shelley	ID	83274

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 8976</div>	6. Signature  Date <u>3-16-03</u> Name (Typed or Printed) <u>D. Jed Peterson DC</u> Title <u>owner</u>
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