

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>C 170643</b>  | <b>Due no later than Dec 31, 2012</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MOUNTAIN WEST HEALTH SERVICES PC<br>CHRISTOPHER STOCKWELL<br>679 N. FIVE MILE RD.<br>BOISE ID 83713 |   | CHRISTOPHER A STOCKWELL DC<br>679. N. FIVE MILE RD.<br>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  | 679 N. FIVE MILE RD.  | BOISE   | ID    | USA     | 83713       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170643</b>  | 6. Annual Report must be signed.*<br>Signature: Christopher Stockwell<br>Name (type or print): Christopher Stockwell   |   | Date: 12/27/2012<br>Title: President                                  |       |         |             |
| Processed 12/27/2012   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |