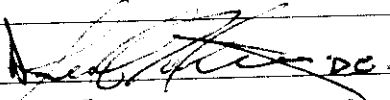


No. W 8976	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		D JED PETERSON DC 650 N STATE STE #1 SHELLEY, ID 83274 3. <u>New</u> Registered Agent Signature												
	MOUNTAIN STATES CHIROPRACTIC HEALTH D JED PETERSON DC 650 N STATE STE #1 SHELLEY, ID 83274														
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td>Owner</td> <td>D. Jed Peterson DC</td> <td>650 N. State</td> <td>Shelley</td> <td>ID</td> <td>83274</td> </tr> </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 DC	650 N. State	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 DC	650 N. State	Shelley	ID	83274										
5. Organized Under the Laws of: IDAHO W 8976	6. Signature  Name (Typed or Printed) <u>D Jed Peterson D.C.</u>	Date <u>4-20-04</u> Title <u>Owner</u>													