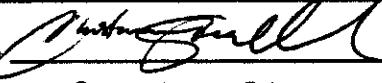


No. C 170643	Due no later than December 31, 2007		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		CHRISTOPHER A STOCKWELL DC													
	1. Mailing Address - Correct in this box, if applicable  MOUNTAIN WEST HEALTH SERVICES PC 5027 CREE WAY BOISE, ID 83709		679 N FIVE MILE RD BOISE, ID 83713  3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Christopher A. Stockwell</td> <td>679 N. Five Mile Rd.</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Christopher A. Stockwell	679 N. Five Mile Rd.	Boise	ID	83713
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Christopher A. Stockwell	679 N. Five Mile Rd.	Boise	ID	83713											
5. Organized Under the Laws of: IDAHO C 170643		6. Signature  Date 12/31/07 Name (Typed or Printed) Christopher Stockwell Title President														

Issued 10/01/2007

Do Not Tape or Staple

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