

No. W 8976	Due no later than Jun 30, 2007 Annual Report Form		2. Registered Agent and Address (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 needed. MOUNTAIN STATES CHIROPRACTIC HEALTH CLINIC, PLLC D JED PETERSON DC 650 N STATE STE #1 SHELLEY ID 83274 USA		D JED PETERSON DC 650 N STATE STE #1 SHELLEY ID 83274			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	D. JED PETERSON	150 MARTINSBURG LANE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 8976	6. Annual Report must be signed.* Signature: D. Jed Peterson D.C. Name (type or print): D. Jed Peterson D.C.		Date: 06/18/2007 Title: Owner			
Processed 06/18/2007		* Electronically provided signatures are accepted as original signatures.				