

No. C 188687		Due no later than Oct 31, 2015		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		Annual Report Form		JUSTIN J PETERSEN 343 E MAIN ST WEISER ID 83672			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ELEMENTAL WELLNESS & CHIROPRACTIC P.C. JUSTIN J PETERSEN PO BOX 509 FRUITLAND ID 83619 USA					
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	JUSTIN J PETERSEN	PO BOX 509	FRUITLAND	ID	USA	83619	
SECRETARY	CHRISTIE R PETERSEN	PO BOX 509	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
UT C 188687		Signature: Justin Petersen			Date: 11/16/2015		
		Name (type or print): Justin Petersen			Title: President		
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.					