

No. <b>W 8976</b>		<b>Due no later than Jun 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		D JED PETERSON DC 650 N STATE STE #1 SHELLEY ID 83274			
		<b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN STATES CHIROPRACTIC HEALTH CLINIC, PLLC D JED PETERSON DC 650 N STATE STE #1 SHELLEY ID 83274 USA		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:		6. Annual Report must be signed.*					
<b>ID W 8976</b>		Signature: D Jed Peterson			Date: 06/29/2009		
		Name (type or print): D Jed Peterson			Title: Owner		
Processed 06/29/2009		* Electronically provided signatures are accepted as original signatures.					