

No. **W 49425**

Due no later than April 30, 2009

**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
**SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box, if applicable

**MOFID CLINIC OF CHIROPRACTIC LLC  
880 N CURTIS  
BOISE, ID 83706**

**DR AFSHIN MOFID  
880 N CURTIS  
BOISE, ID 83706**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

*President Afshin MoFid 880 N. Curtis Rd. Boise, ID. 83706*

5. Organized Under the Laws of:  
**IDAHO  
W 49425**

6. Signature *[Signature]*

Date *2/11/09*

Name (Typed or Printed)

*Afshin MoFid*

Title *Owner*

Issued 02/02/2009

**Do Not Tape or Staple**

200904007532