

No. W 61657

Due no later than April 30, 2008

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

Annual Report Form

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

MIHIN CHIROPRACTIC CLINIC, PLLC
710 SUPERIOR ST STE B
SANDPOINT, ID 83864

NATIONAL REGISTERED AGENTS INC
1423 TYRELL LANE
BOISE, ID 83706

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office heldNameStreet or P.O. AddressCityStateZip

President William S. Mihin 710 Superior St. Ste B Sandpoint ID 83864

5. Organized Under the Laws of:
IDAHO
W 61657

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 02/01/2008

Do Not Tape or Staple

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