

No. <b>W 61657</b>		<b>Due no later than Apr 30, 2011</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  MIHIN CHIROPRACTIC CLINIC, PLLC WILLIAM S MIHIN 710 SUPERIOR ST STE B SANDPOINT ID 83864		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 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	WILLIAM S MIHIN	710 SUPERIOR ST STE B	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 61657</b>		Signature: William Mihin				Date: 03/11/2011	
		Name (type or print): William Mihin				Title: President	
Processed 03/11/2011		* Electronically provided signatures are accepted as original signatures.					