

No. W 49425	Due no later than April 30, 2008 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 NO FILING FEE IF RECEIVED BY DUE DATE	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 3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.				
<u>Office held</u> <u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Afshin Mofid	880 N. Curtis Rd.	Boise	ID.	83706
5. Organized Under the Laws of: IDAHO W 49425	6. Signature <i>Afshin Mofid</i> Name (Typed or Printed) Afshin Mofid		Date 4/29/08 Title Chiropractor	200804007723

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Do Not Tape or Staple