

No. W 49425		Due no later than Apr 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		DR AFSHIN MOFID 880 N CURTIS BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MOFID CLINIC OF CHIROPRACTIC LLC AFSHIN MOFID 880 N CURTIS BOISE ID 83706					
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	
MANAGER	DR AFSHIN MOFID	324 W GREENSBORO CT	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 49425		Signature: Dr. Afshin Mofid				Date: 04/04/2013	
		Name (type or print): Dr. Afshin Mofid				Title: Manager	
Processed 04/04/2013		* Electronically provided signatures are accepted as original signatures.					