No. **W 49425**	**Due no later than Apr 30, 2011**	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** **1. Mailing Address: Correct in this box if needed.** 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 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: 02/08/2011
	Name (type or print): Dr. Afshin Mofid	Title: Manager

Processed 02/08/2011

* Electronically provided signatures are accepted as original signatures.