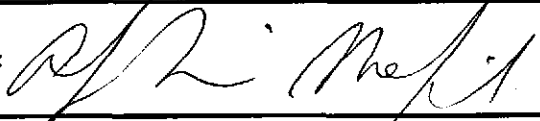


No. W 49425	Due no later than Apr 30, 2014 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DR AFSHIN MOFID 880 N CURTIS BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MOFID CLINIC OF CHIROPRACTIC LLC AFSHIN MOFID 880 N CURTIS BOISE ID 83706

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	AFshin MOfid	880 N. Curtis Rd.	Boise	ID		83706
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: IDAHO W 49425	6. Signature:  Date: <u>5/9/14</u> Name (type or print): <u>Afshin Mofid</u> Title: <u>Owner/mentor</u>
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