

<b>No. C 111948</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>Due no later than Sep 30, 2000 Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b> NORRIS CHIROPRACTIC CLINIC, INC. <i>in</i> DR TROY NORRIS 4948 KOOTENAI STE B  BOISE, ID 83705	<b>2. Registered Agent and Office NO PO BOX</b> DR TROY NORRIS 4948 KOOTENAI STE B  BOISE, ID 83705  <b>3. New Registered Agent Signature</b>												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Secretary</td> <td>Melissa Rios Norris</td> <td>4948 Kootenai Ste B</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Secretary	Melissa Rios Norris	4948 Kootenai Ste B	Boise	ID	83705
Office held	Name	Street or P.O. Address	City	State	Zip									
Secretary	Melissa Rios Norris	4948 Kootenai Ste B	Boise	ID	83705									
<b>5. Organized Under the Laws of:</b>  IDAHO C 111948	<b>6.</b> Signature <i>Melissa Rios Norris</i> Date <i>7/19/00</i> Name (Typed or Printed) <i>Melissa Rios Norris</i> Title: <i>Secretary</i> XXXX													

Issued 07/10/2000

**Do Not Tape or Staple**

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