

No. **C 111948**

Due no later than September 30, 2005

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

DR TROY NORRIS
4948 KOOTENAI STE B
BOISE, ID 83705

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

NORRIS CHIROPRACTIC CLINIC, INC. P.
DR TROY NORRIS
6013 OVERLAND RD STE 101
BOISE, ID 83709

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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Pres - Troy Norris SAME as above
Vicepres/sec - Melissa Norris SAME as above

5. Organized Under the Laws of:

IDAHO
C 111948

6.

Signature

Melissa Norris

Date

9/8/05

Name (Typed or Printed)

Melissa Norris

Title

V. Pres

Issued 07/05/2005

Do Not Tape or Staple

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