NO. C111948

Annual Report Form

Due No Later Than November 30, 1997

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

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

NORRIS CHIROPRACTIC CLINIC,
DR TROY NORRIS
4948 KOOTENAI STE B

BOISE ID 83705

2. Registered Agent and Office NOT A P.O. BOX

DR TROY NORRIS
4948 KOOTENAI STE B

BOISE ID 83705

3. Organized Under the Laws of:

ID C111948

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Troy Norris	4948 Kootenai Suite B	Boise	ID	83705
Secretary	Melissa Rios Norris	4948 Kootenai Suite B	Boise	ID	83705

5.

6.

Signature [signature] Date 9/15/97

Name (Typed or Printed) Troy Norris Title President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

21805