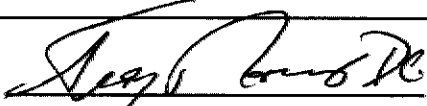


No. C111948	Annual Report Form Due No Later Than November 30, 1997	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct NORRIS CHIROPRACTIC CLINIC, DR TROY NORRIS 4948 KOOTENAI STE B BOISE ID 83705	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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	Troy Norris	4948 Kootenai Suite B
Secretary	Melissa Rios Norris	4948 Kootenai Suite B
		City State Zip
		Boise ID 83705
5.		6.
		Signature  Date <u>9/15/97</u> Name (Typed or Printed) <u>Troy Norris</u> Title <u>President</u>

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

21805