

No. <b>C 111948</b>		<b>Due no later than Sep 30, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</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>1. Mailing Address: Correct in this box if needed.</b> NORRIS CHIROPRACTIC CLINIC, INC. P.A. DR TROY NORRIS 6013 OVERLAND RD STE 101 BOISE ID 83709		DR TROY NORRIS 6013 OVERLAND RD STE 101 BOISE ID 83709			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TROY NORRIS	6013 W OVERLAND ROAD SUITE 101	BOISE	ID	USA	83709-3078	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 111948</b>		Signature: Troy Norris				Date: 07/13/2010	
		Name (type or print): Troy Norris				Title: President	
Processed 07/13/2010		* Electronically provided signatures are accepted as original signatures.					