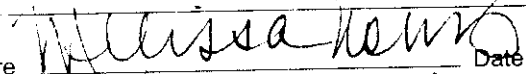


No. C 111948	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORRIS CHIROPRACTIC CLINIC, INC. P. DR TROY NORRIS 6013 OVERLAND RD STE 101 BOISE, ID 83709		DR TROY NORRIS 4948 KOOTENAI STE B BOISE, ID 83705 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Troy Norris</td> <td>9216 W Beachside Ln</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> <tr> <td>V Pres/Sec</td> <td>Melissa Norris</td> <td>9216 W Beachside Ln</td> <td>Boise</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Troy Norris	9216 W Beachside Ln	Boise	ID	83714	V Pres/Sec	Melissa Norris	9216 W Beachside Ln	Boise	ID	83714
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5. Organized Under the Laws of: IDAHO C 111948	6.  Signature _____ Date <u>7/12/04</u> Name (Typed or Printed) <u>Melissa Norris</u> Title <u>V Pres/Sec</u>																				