No. C 111948

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

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than September 30, 2004
Annual Report Form

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

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

DR TROY NORRIS
4948 KOOTENAI STE B
BOISE, ID 83705

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Troy Norris	9216 W Beachside Ln	Boise	ID	83714
V Pres/Sec	Melissa Norris	9216 W Beachside Ln	Boise	ID	83714

5. Organized Under the Laws of:

IDAHO
C 111948

6. Signature Melissa Norris Date 7/12/04

Name (Typed or Printed) Melissa Norris Title V Pres/Sec

Issued 07/01/2004

Do Not Tape or Staple

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