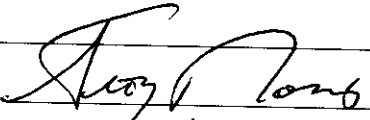


No. C 111948 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable NORRIS CHIROPRACTIC CLINIC, INC. P. DR TROY NORRIS 4948 KOOTENAI STE B BOISE, ID 83705	2. Registered Agent and Office NO PO BOX 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Troy Norris</td> <td>4948 Kootenai Ste B</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Vice Pres/Sec</td> <td>Melissa Norris</td> <td>4948 Kootenai Ste B</td> <td>Boise</td> <td>ID</td> <td>83705</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>	President	Troy Norris	4948 Kootenai Ste B	Boise	ID	83705	Vice Pres/Sec	Melissa Norris	4948 Kootenai Ste B	Boise	ID	83705
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Vice Pres/Sec	Melissa Norris	4948 Kootenai Ste B	Boise	ID	83705															
5. Organized Under the Laws of: IDAHO C 111948	6. Signature:  Name (Typed or Printed) <u>Troy Norris</u> Date <u>7/16/01</u> Title <u>President</u>																			

Issued 07/02/2001

Do Not Tape or Staple

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