No. C 111948

Due no later than Sep 30, 2001

Annual Report Form

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
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. 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
President	Troy Norris	4948 Kootenai Ste B	Boise	ID	83705
Vice Pres/Sec	Melissa Norris	4948 Kootenai Ste B	Boise	ID	83705

5. Organized Under the Laws of:
IDAHO
C 111948

6.
Signature Troy Norris Date 7/16/01
Name (Typed or Printed) Troy Norris Title President

Issued 07/02/2001

Do Not Tape or Staple

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