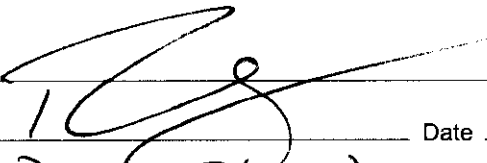


No. C 136752	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: <small>Correct in this box if applicable</small> PERSONAL CARE CHIROPRACTIC CLINICS, ROBERT E THIRY 202 S PHILLIPPI BOISE, ID 83705	ROBERT E THIRY 5189 N MARSH ST BOISE, ID 83703
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director	ROBERT Thiry D.C.	202 S. Phillippi	Boise	ID	83705

5. Organized Under the Laws of: IDAHO C 136752	6. <div style="text-align: center; margin-top: 20px;">  </div> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature</td> <td style="width: 50%;">Date <u>11/24/03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Robert Thiry D.C.</u></td> <td>Title <u>Director</u></td> </tr> </table>	Signature	Date <u>11/24/03</u>	Name <small>(Typed or Printed)</small> <u>Robert Thiry D.C.</u>	Title <u>Director</u>
Signature	Date <u>11/24/03</u>				
Name <small>(Typed or Printed)</small> <u>Robert Thiry D.C.</u>	Title <u>Director</u>				