

No. C 136752

Due no later than December 31, 2003
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

PERSONAL CARE CHIROPRACTIC CLINICS,
ROBERT E THIRY
202 S PHILLIPPI

BOISE, ID 83705

2. Registered Agent and Office NO PO BOX

ROBERT E THIRY
5189 N MARSH ST
BOISE, ID 83703

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
Director	ROBERT THIRY D.C.	202 S. PHILLIPPI	BOISE	ID	83705

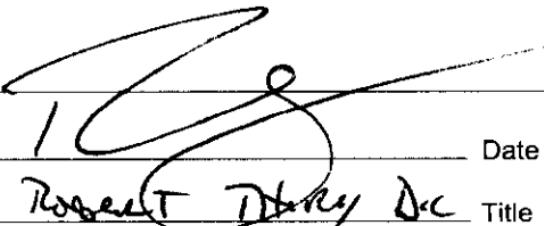
5. Organized Under the Laws of:

IDAHO
C 136752

6.

Signature

Name (Typed or Printed)


Robert E. Thiry, D.C. 11/24/03

Title