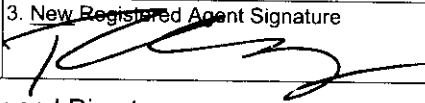
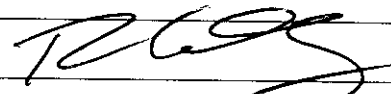


No. C 136752 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable PERSONAL CARE CHIROPRACTIC CLINICS, ROBERT E THIRY 5189 N MARSH ST BOISE, ID 83703	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. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Robert Thiry</td> <td>5189 N. MARSH</td> <td>Boise</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Director	Robert Thiry	5189 N. MARSH	Boise	ID	83703
Office held	Name	Street or P.O. Address	City	State	Zip									
Director	Robert Thiry	5189 N. MARSH	Boise	ID	83703									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 136752</div>	6.  Signature _____ Date <u>10-23-01</u> Name <small>(Typed or Printed)</small> <u>Robert Thiry</u> Title <u>Director</u>													