No. **C 136752**	**Due no later than Dec 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** PERSONAL CARE CHIROPRACTIC CLINICS, P.A. ROBERT E THIRY 1319 W. RIVER ST. BOISE ID 83702	ROBERT E THIRY 1319 W. RIVER ST. BOISE ID 83702 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	KRISTA THIRY	1319 W. RIVER ST	BOISE	ID	USA	83702
DIRECTOR	ROBERT E THIRY	1319 W. RIVER ST.	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 136752**	Signature: Dr. Robert Thiry	Date: 01/12/2010
	Name (type or print): Dr. Robert Thiry	Title: Director

Processed 01/12/2010

* Electronically provided signatures are accepted as original signatures.