No. C 136752	Due no later than December 31, 2004	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  PERSONAL CARE CHIROPRACTIC CLINICS,  ROBERT E THIRY  202 S PHILLIPPI  BOISE, ID 83705 130. Le 19 6370	ROBERT E THIRY  5189 N MARSH ST  BOISE, ID 83703  Solve Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
<ol> <li>Corporations: Enter Nan</li> </ol>	nes and Business Addresses of President, Secret	ary and Directors.
Office held Name	Street or P.O. Address Cit	y <u>State ∠ip</u>
DREFOR Robert Tr	try D. C. 50' GROVE BOIL	se 10 63x2
5. Organized Under the Laws of:	6.	
	6. Signature	Date 10/13/07  y Dic Title Jimerare