

No. C 136752

Due no later than Dec 31, 2002
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

5189 N MARSH ST

BOISE, ID 83703

BOISE, ID 83703

202 S. PHILLIP

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

Boise

State

ID

Zip

83703

Director - Robert Thiry

5189 N. MARSH

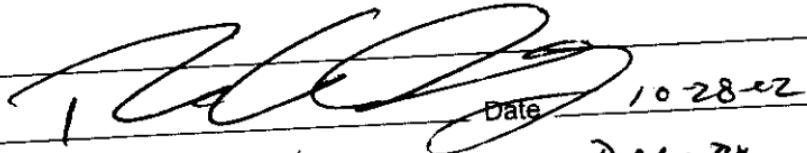
5. Organized Under the Laws of:

IDAHO

C 136752

6.

Signature



Date

10-28-02

Title

Director

Do Not Tape or Seal