

No. **C 136752**

Due no later than December 31, 2005

Annual Report Form

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PERSONAL CARE CHIROPRACTIC CLINICS,  
ROBERT E THIRY  
501 GROVE  
BOISE, ID 83702

2. Registered Agent and Office **NO PO BOX**

ROBERT E THIRY  
501 GROVE  
BOISE, ID 83702

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Director	DR. ROBERT THIRY	501 GROVE ST	BOISE	ID	83702

5. Organized Under the Laws of:  
**IDAHO  
C 136752**

6.

Signature

Date

10/17/05

Name  
(Typed or  
Printed)

ROBERT THIRY DC

Issued 10

Do Not Tape or Staple

mail th