

No. C 136752

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
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

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
Director

Name
DR. Rob Thiry

Street or P.O. Address

501 Grove St

City
Boise

State
ID

Zip
83702

5. Organized Under the Laws of:

IDAHO
C 136752

6.

Signature


Date 10/24/07

Name (Typed or
Printed)

De. Rob Thiry

Title Director