

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

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Director	DR. Rob Thiry	501 Grove St	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO  
C 136752

6.

Signature

Date

10/24/07

Name (Typed or Printed)

DR. Rob Thiry

Title

Director

Issued 10/01/2007

Do Not Tape or Staple

200712003092