

No. C 136752		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		ROBERT E THIRY 1319 W. RIVER ST. BOISE 83702			
		1. Mailing Address: Correct in this box if needed.					
		PERSONAL CARE CHIROPRACTIC CLINICS, P.A. ROBERT E THIRY 1319 W. RIVER ST. BOISE ID 83702		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KRISTA THIRY	1319 W. RIVER ST	BOISE	ID	USA	83702	
DIRECTOR	ROBERT E THIRY	1319 W. RIVER ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 136752		Signature: Robert Thiry			Date: 10/15/2014		
		Name (type or print): Robert Thiry			Title: Director		
Processed 10/15/2014		* Electronically provided signatures are accepted as original signatures.					