

No. C 126223	Due no later than Nov 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX DR MARJORIE A BROCKMAN 445 IDAHO ST GOODING, ID 83330																		
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 BROCKMAN FAMILY CHIROPRACTIC, INC. DR MARJORIE A BROCKMAN 445 IDAHO ST GOODING, ID 83330		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Marjorie Brockman</td> <td>445 Idaho St</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Sec</td> <td>James Brockman</td> <td>445 Idaho St</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Marjorie Brockman	445 Idaho St	Gooding	ID	83330	Sec	James Brockman	445 Idaho St	Gooding	ID	83330
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Sec	James Brockman	445 Idaho St	Gooding	ID	83330																
5. Organized Under the Laws of: IDAHO C 126223		6. Signature <u>Marjorie A Brockman</u> Date <u>11-15-00</u> Name (Typed or Printed) <u>Marjorie A. Brockman</u> Title <u>Pres.</u>																			

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