

No. **C 126223**

**Due no later than November 30, 2005**  
**Annual Report Form**

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

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

DR MARJORIE A BROCKMAN  
445 IDAHO ST  
GOODING, ID 83330

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>
Pres/Sec	Marjorie A Brockman	445 ID Street	Gooding	ID	83330

5. Organized Under the Laws of:

IDAHO  
C 126223

6.

Signature

*Dr. Marjorie A Brockman*

Date

9-9-05

Name

(Typed or  
Printed)

Marjorie A Brockman

Title

President

200511002810

Issued 09/01/2005

**Do Not Tape or Staple**