

No. C 126223		Due no later than Nov 30, 2012 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. BROCKMAN FAMILY CHIROPRACTIC, INC. DR MARJORIE A BROCKMAN 445 IDAHO ST GOODING ID 83330-1258 USA		DR MARJORIE A BROCKMAN 445 IDAHO ST GOODING ID 83330			
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	
PRESIDENT	MARJORIE A BROCKMAN	437 IDAHO STREET	GOODING	ID	USA	83330	
5. Organized Under the Laws of: ID C 126223		6. Annual Report must be signed.* Signature: Marjorie A Brockman Name (type or print): Marjorie A Brockman					
Processed 12/14/2012		* Electronically provided signatures are accepted as original signatures.					
Date: 12/14/2012 Title: President							