No. <b>C 148841</b>		Due no later than Apr 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MARK B WRIGHT MD PA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MARK B. WRIGHT, M.D., P.A.  JOHN A COLEMAN  PO BOX 1293  TWIN FALLS ID 83303-1293			660 SHOSHONE ST EAST TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 MARK B WRIGH		RIGHT	PO BOX 1293		TWIN FALLS	ID	USA	83303-1293
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John A Coleman			Date: 02/16/2010			
C 148841		Name (type or print): John A Coleman			Title: Agent			
Processed 02/16/2010 * Electronically provided signatures are accepted as original signatures.								