

No. <b>C 181392</b>	<b>Due no later than Jan 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> STEVEN L. COKER, M.D., P.C. STEVEN L COKER 560 MEMORIAL DR POCATELLO ID 83201	STEVEN L COKER 560 MEMORIAL DR POCATELLO ID 83201  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
PRESIDENT	STEVEN L COKER	560 MEMORIAL DR	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>C 181392</b>	6. Annual Report must be signed.* Signature: Danielle Baird Name (type or print): Danielle Baird		Date: 01/20/2011 Title: Agent			
Processed 01/20/2011		* Electronically provided signatures are accepted as original signatures.				