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| No. C 157501 | | Due no later than Nov 30, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DARREN W. COLEMAN, M.D., P.C. DARREN W COLEMAN MD P.O. BOX 1293 TWIN FALLS ID 83303-1293 | | DARREN W COLEMAN MD 801 POLELINE ROAD WEST #3880 TWIN FALLS ID 83301 | | | |
| | | | | 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 | DARREN W. COLEMAN | 801 POLELINE ROAD WEST #3880 | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 157501 | | Signature: John Coleman | | | | Date: 10/18/2016 | |
| | | Name (type or print): John Coleman | | | | Title: Agent | |
| Processed 10/18/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |