

No. C 148841		Due no later than Apr 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. MARK B. WRIGHT, M.D., P.A. JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		MARK B WRIGHT MD PA 401 GOODING ST N. STE 201 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	MARK B WRIGHT	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
5. Organized Under the Laws of: ID C 148841		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 03/07/2012 Title: Agent					
Processed 03/07/2012 * Electronically provided signatures are accepted as original signatures.							