

| | | | | | | | |
|--|---------------|--|------------|---|---------|-------------|--|
| No. C 148841 | | Due no later than Apr 30, 2012 | | 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. | | | | | |