

No. C 181392		Due no later than Jan 31, 2013		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. 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:		6. Annual Report must be signed.*					
ID C 181392		Signature: Steve Coker				Date: 11/08/2012	
		Name (type or print): Steve Coker				Title: President	
Processed 11/08/2012		* Electronically provided signatures are accepted as original signatures.					