

No. C 157501

Due no later than November 30, 2005  
Annual Report Form

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 applicable

DARREN W. COLEMAN, M.D., P.C.  
DARREN W COLEMAN MD  
630 ADDISON W #210  
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

DARREN W COLEMAN MD  
630 ADDISON W #210  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

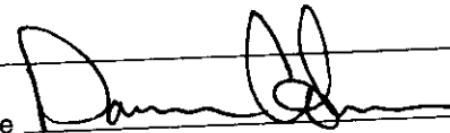
Office held	Name	Street or P.O. Address	City	State	Zip
President	Darren W Coleman	630 Addison Ave W	Twin Falls	Id	83301
Secretary		Suite 210			

5. Organized Under the Laws of:

IDAHO  
C 157501

6.  
Signature

Name (Typed or  
Printed)



Date

9/12/05

Title

Pres/Secs.

Issued 09/01/2005

**Do Not Tape or Staple**

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