No. C 69355		the state of the s		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAMES M CO	JAMES M COOMBS MD 1415 PARKVIEW DR. TWIN FALLS 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		9.6				
		WILLIAM C. FITZHUGH, M.D., P.A. JAMES M COOMBS, M.D. 1415 PARKVIEW DR. TWIN FALLS ID 83301						
				3. <u>New</u> Register				
RECEIVED BY DUE DATE								
4. Corporations: Enter I	Names and Busin	ess Addresses of F	resident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JAMES M C	COOMBS, MD	1415 PARKVIEW DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 69355		Signature: Jan		Date: 02/03/2015				
		Name (type or		Title: President				
Processed 02/03/2015		* Electronically pr	ovided signatures are accepted as origin	nal signatures.				