No. **C 148841**	**Due no later than Apr 30, 2011** **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. New 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:	6. Annual Report must be signed.*	
ID **C 148841**	Signature: John Coleman Name (type or print): John Coleman	Date: 02/11/2011 Title: Agent

Processed 02/11/2011

* Electronically provided signatures are accepted as original signatures.