No. **C 157501**	**Due no later than Nov 30, 2009** **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.** DARREN W. COLEMAN, M.D., P.C. DARREN W COLEMAN MD P.O. BOX 1293 TWIN FALLS ID 83303-1293	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. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DARREN W. COLEMAN	4125 CREEKVIEW DRIVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 157501**	Signature: Darren W. Coleman Name (type or print): Darren W. Coleman	Date: 09/14/2009 Title: President

Processed 09/14/2009

* Electronically provided signatures are accepted as original signatures.