

No. C 206640	Due no later than Jul 31, 2016 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. COLLEGE STATION UROLOGY, P.A. JOHN L COCHRAN 171 MARINE VIEW DRIVE LEWISTON ID 83501 USA	JOHN L COCHRAN 171 MARINE VIEW DRIVE LEWISTON ID 83501				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOHN L COCHRAN	171 MARINE VIEW DRIVE	LEWISTON	ID		83501
5. Organized Under the Laws of: TX C 206640	6. Annual Report must be signed.* Signature: John L Cochran MD Name (type or print): John L Cochran MD			Date: 08/09/2016 Title: President		
Processed 08/09/2016		* Electronically provided signatures are accepted as original signatures.				