

No. C 148841	Due no later than April 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		MARK B WRIGHT MD PA 660 SHOSHONE ST EAST TWIN FALLS, ID 83301
	MARK B. WRIGHT, M.D., P.A. PO BOX 1293 TWIN FALLS, ID 83303-1803 1293		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	Mark B Wright	PO Box 1293	Twin Falls ID 83303-1293
5. Organized Under the Laws of: IDAHO C 148841		6. Signature _____ Date <u>3/31/08</u> Name (Typed or Printed) <u>Mark B Wright</u> Title <u>President</u>	
Issued 02/01/2008		Do Not Tape or Staple 200804003348	