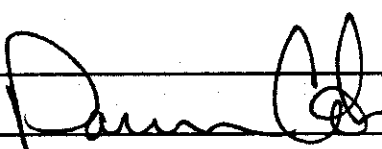


No. C 157501	Due no later than November 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX DARREN W COLEMAN MD 630 ADDISON W #210 TWIN FALLS, ID 83301	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DARREN W. COLEMAN, M.D., P.C. 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.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Darren Coleman	630 Addison W #210	Twin Falls	ID
<u>Zip</u> 83301				
5. Organized Under the Laws of: IDAHO C 157501		6. Signature  Date <u>9/11/07</u> Name (Typed or Printed) <u>Darren Coleman</u> Title <u>President</u>		
Issued 09/04/2007		Do Not Tape or Staple		
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