No. <b>W 24492</b>	Due no later than Jun 30, 2006		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO SKIN CARE & CLEAR SKIN, PLLC 329 S WOODRUFF IDAHO FALLS ID 83401			DR DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER IDAHO URGE	INT CARE PA	740 S WOODRUFF	IDAHO FALLS	ID		83401	
5. Organized Under the Laws of: 6. Annual Re		al Report must be signed.*					
IDAHO	Signature: DAVID BOWMAN			Date: 04/10/2006			
W 24492	Name (type or pri		Title: MANAGER				
Processed 04/10/2006	* Electronically provided signatures are accepted as original signatures.						