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|--|------------------|--|----------------|--|---------|-------------|--|
| No. C 131031 | | Due no later than Nov 30, 2017 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO DERMATOLOGY, P.A. ROBBI BERG 2288 MERRITT CREEK LP COEUR D'ALENE ID 83814 | | STEPHEN CRAIG 2288 MERRITT CREEK LP COEUR D'ALENE ID 83814 | | | |
| | | | | 3. <u>New</u> 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 | STEPHEN D CRAIG | 2288 MERRITT CREEK LOOP | COEUR D'ALENE | ID | USA | 83814 | |
| VICE PRESIDENT | BENJAMIN RINGGER | 2288 N MERRITT CREEK LOOP | COEUR D'ALENE | ID | USA | 83814 | |
| TREASURER | HILARY HILL | 2288 MERRITT CREEK LOOP | COEUR D' ALENE | ID | USA | 83814 | |
| 5. Organized Under the Laws of: ID C 131031 | | 6. Annual Report must be signed.* Signature: Robbi Berg Name (type or print): Robbi Berg Date: 10/30/2017 Title: Authorized Agent | | | | | |
| Processed 10/30/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |