No. W 90097		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		LINDSAY SEWELL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HIGH VALLEY DERMATOLOGY & DERMATOLOGIC SURGERY, PLLC GREGORY T SIMPSON 2085 PROVIDENCE WAY IDAHO FALLS ID 83404		3330 SPARROW HAWK DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MEMBER JAMES R WILLIS		2085 PROVIDENCE WAY		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 90097		Signature: Gregory Simpson		Date: 11/08/2012				
		Name (type or print): Gregory Simpson			Title: Practice Manager			
Processed 11/08/2012 * Electronically provided signatures are accepted as original signatures.								