No. C 111418

Due no later than July 31, 2008
Annual Report Form

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

DERMA CLINIC, INC. (THE)
KATY S DROWN
330 8TH AVE N
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

KATY DROWN
330 8TH AVE N
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Katy S. Drown	330 8th Ave North	Twin Falls	ID	83301
Secretary	Herbert D. Drown	330 8th Ave N.	Twin Falls,	ID	83301

5. Organized Under the Laws of:
IDAHO
C 111418

6. Signature Katy S. Drown Date 5/9/08
Name (Typed or Printed) Katy S. Drown Title President

200807001592

Issued 05/02/2008

Do Not Tape or Staple