

No. C111413	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct DERMA CLINIC, INC. (THE) DOROTHY JELAVICH 132 MAIN AVE SOUTH TWIN FALLS ID 83301		DOROTHY JELAVICH 132 MAIN AVE SOUTH TWIN FALLS ID 83301
* FIRST NOTICE *	ID 83301		3. Organized Under the Laws of: ID C111413
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President	PATRICIA Goguen MARTENS	1422 E 4400 N	BLAHL ID 83316
Secretary	Dorothy Jelavich	362 FALLS W	Twin Falls ID 83301
5. NATURE OF BUSINESS ANY LAWFUL DAYS PA	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Patricia Martens</i></u> Date <u>7/12/96</u> Name (Typed or Printed) <u>PATRICIA MARTENS</u> Title <u>President</u>		
ISSUED: 07-06-1995		3258	