

ISSUED: 10-01-1992

No. 96092	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To	Due No Later Than November 1, 1992		PAUL BROOKE, M.D. 121 2860 CHANNING WAY STE. 122																					
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address - Please Correct, If Not Correct		IDAHO FALLS ID 83404 0000																					
** FINAL NOTICE ** NO FEE REQUIRED	IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY STE. 122 121		3. Incorporated Under The Laws of ID NO: 96092																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: _____</td> <td>Paul Brooke MD</td> <td>2860 Channing Way</td> <td></td> <td></td> </tr> <tr> <td>Secretary: _____</td> <td></td> <td>Suite 121</td> <td>Idaho Falls</td> <td>ID 83404</td> </tr> <tr> <td>Directors: _____</td> <td>Alyce Oconnor Brooke</td> <td>Box 26</td> <td>Pony</td> <td>MT 59747</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: _____	Paul Brooke MD	2860 Channing Way			Secretary: _____		Suite 121	Idaho Falls	ID 83404	Directors: _____	Alyce Oconnor Brooke	Box 26	Pony	MT 59747
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Secretary: _____		Suite 121	Idaho Falls	ID 83404																				
Directors: _____	Alyce Oconnor Brooke	Box 26	Pony	MT 59747																				
5. Nature of Business Idaho Falls Dermatology		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Paul Brooke MD</i></td> <td>12 Oct 92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>PAUL BROOKE MD</td> <td>PRESIDENT</td> </tr> </table>			Signature	Date	<i>Paul Brooke MD</i>	12 Oct 92	Name (Typed or Printed)	Title	PAUL BROOKE MD	PRESIDENT												
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