

No. W 20383

**Due no later than August 31, 2004
Annual Report Form**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PHYSICIAN SKIN CARE PLLC
329 S WOODRUFF AVE
IDAHO FALLS, ID 83401

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

DAVID BOWMAN
329 S WOODRUFF AVE
IDAHO FALLS, ID 83401

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

Street or P.O. Address

City

State

Zip

Manager: David Bowman 740 S Woodruff Idaho Falls, ID 83401

5. Organized Under the Laws of:

IDAHO
W 20383

6.

Signature

Date

Name (Type or Printed)

Title

[Signature]
DAVID P Bowman

6-22-04
OWNER/PHYSICIAN

Issued 06/01/2004

Do Not Tape or Staple

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