

No. <b>W 112</b>		<b>Due no later than Dec 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO LASER INSTITUTE FOR DERMATOLOGIC SURGERY, P.L.L.C. STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404 USA		STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	STANLEY J CHESLOCK	2860 CHANNING WAY #201	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID W 112</b>		6. Annual Report must be signed.* Signature: Stanley J. Cheslock, M.D. Name (type or print): Stanley J. Cheslock, M.D.					
		Date: 10/10/2011 Title: Member					
Processed 10/10/2011		* Electronically provided signatures are accepted as original signatures.					