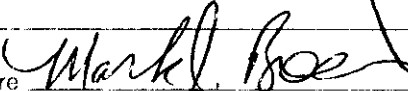


No. W 30432	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SKIN SOLUTIONS, L.L.C. 111 W MAIN STE 200 BOISE, ID 83702		MARK BOERNER 111 W MAIN STE 200 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Mark S. Boerner M.D.</td> <td>111 Main St Ste 200</td> <td>Boise</td> <td>Id</td> <td>83702</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	Mark S. Boerner M.D.	111 Main St Ste 200	Boise	Id	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	Mark S. Boerner M.D.	111 Main St Ste 200	Boise	Id	83702										
5. Organized Under the Laws of: IDAHO W 30432		6. Signature  Date <u>3/16/05</u> Name (Type or Print) <u>Mark S. Boerner M.D.</u> Title <u>Owner</u>													