

No. C 96092	Annual Report Form 1996 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY SUITE 121 IDAHO FALLS ID 83404		PAUL BROOKE, M.D. 2860 CHANNING WAY STE. 1 IDAHO FALLS ID 83404 3. Organized Under the Laws of: ID C 96092													
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) <table border="0"> <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>President</td> <td>Paul Brooke MD</td> <td>2860 Channing Way Suite 121</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</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>	President	Paul Brooke MD	2860 Channing Way Suite 121	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Paul Brooke MD	2860 Channing Way Suite 121	Idaho Falls	ID	83404											
5. NATURE OF BUSINESS PRACTICE OF MEDICINE	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>Paul Brooke</u> Date <u>14 July 96</u> Name (Typed or Printed) <u>PAUL Brooke MD</u> Title <u>President</u>															

ISSUED: 07-06-1996

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