

No. <b>C 111418</b>	<b>Due no later than Jul 31, 2002</b>		2. Registered Agent and Office <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>Annual Report Form</b>		DOROTHY JELAVICH																			
	1. Mailing Address - Correct in this box, if applicable DERMAL CLINIC, INC. (THE) DOROTHY JELAVICH 330 8TH AVE N  TWIN FALLS, ID 83301		330 8TH AVE N  TWIN FALLS, ID 83301  3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.  <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>President</td> <td>Dorothy Jelavich</td> <td>330 8<sup>th</sup> AVEN.</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Secretary</td> <td>Anthony Jelavich</td> <td>330 8<sup>th</sup> AVEN.</td> <td>Twin Falls</td> <td>ID</td> <td>83303</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	Dorothy Jelavich	330 8 <sup>th</sup> AVEN.	Twin Falls	ID	83303	Secretary	Anthony Jelavich	330 8 <sup>th</sup> AVEN.	Twin Falls	ID	83303
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5. Organized Under the Laws of:  IDAHO C 111418		6. Signature <u>Dorothy Jelavich</u> Date <u>5/15/02</u> Name (Typed or Printed) <u>Dorothy Jelavich</u> Title <u>President</u>																				