

No. <b>C 181036</b>		<b>Due no later than Dec 31, 2010</b>		<b>Annual Report Form</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>  ALPINE DERMATOLOGY CLINIC, P.C. DANIEL R MARSHALL 393 E 2ND N REXBURG ID 83440 USA		KEVIN KOPLIN 1000 RIVERWALK DR IDAHO FALLS ID 83402				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	DANIEL R MARSHALL	393 E 2ND N	REXBURG	ID	USA	83440-1605			
5. Organized Under the Laws of:  <b>ID C 181036</b>		6. Annual Report must be signed.* Signature: Daniel R Marshall Name (type or print): Daniel R Marshall Date: 01/11/2011 Title: President							
Processed 01/11/2011		* Electronically provided signatures are accepted as original signatures.							