

|  |                 |   |       |  |         |             |  |
|--|-----------------|---|-------|--|---------|-------------|--|
| No. <b>C 115855</b>  |                 | <b>Due no later than Jul 31, 2005</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DERMATOLOGY CLINIC OF IDAHO, P. A.<br>JEAN MONTGOMERY<br>1070 N CURTIS RD<br>BOISE ID 83706 0000 |       | JAMES H STEWART<br>1070 N CURTIS RD<br>BOISE ID 83706 0000 |         |             |  |
|  |                 |   |       | 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 |  |
| SECRETARY  | JEAN MONTGOMERY | 1070 N CURTIS #210  | BOISE | ID   | USA     | 83706       |  |
| PRESIDENT  | JAMES H STEWART | 1070 N CURTIS #210  | BOISE | ID   | USA     | 83706       |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>C 115855</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Jean Montgomery<br>Name (type or print): Jean Montgomery  |       |  |         |             |  |
| Date: 08/05/2005<br>Title: Secretary   |                 |   |       |  |         |             |  |
| Processed 08/05/2005   |                 | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |