| No. <b>J 1550</b>  |                           | Due no later than Jan 31, 2010  |                                    | 2. Registered A  | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---------------------------|---|------------------------------------|--|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                           | Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO LASER GROUP LLP TERI J COTTINGHAM 999 N CURTIS RD #505 BOISE ID 83706 |                                    | TERI J COTTINGHAM 999 N CURTIS RD #505 BOISE ID 83706  3. New Registered Agent Signature:* |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                           |   |                                    |  |   |         |             |  |
| 4. Limited Liability Partners  | ships: Enter N            | ames and Business Addre   | esses of two (2) or more partners. |  |   |         |             |  |
| Office Held  | Name                      |   | Street or PO Address               | City   | State                                       | Country | Postal Code |  |
| PARTNER  | IDAHO DERN<br>AND LASER ( | MATOLOGIC SURGERY<br>CENTER PA  | 999 N CURTIS RD #505               | BOISE  | ID  | USA     | 83706       |  |
| PARTNER  | MARK JAMES                | S BOERNER   | 111 MAIN ST STE 200                | BOISE  | ID  | USA     | 83702       |  |
| PARTNER  | GEM STATE                 | DERMATOLOGY PA  | 100 WARMS SPRINGS AVE              | BOISE  | ID  | USA     | 83712       |  |
| PARTNER  | L WILLIAM [               | ) NOWIERSKI MD PA   | 100 WARM SPRINGS AVE STE A         | BOISE  | ID  | USA     | 83712       |  |
| 5. Organized Under the Laws of:  |                           | 6. Annual Report must be signed.*   |                                    |  |   |         |             |  |
| ID   |                           | Signature: Laura Osborn   |                                    | Date: 01/11/2010   |   |         |             |  |
| J 1550   |                           | Name (type or print): Laura Osborn  |                                    | Title: Office Manager  |   |         |             |  |
| Processed 01/11/2010 * Electronically provided signatures are accepted as original signatures. |                           |   |                                    |  |   |         |             |  |