

<b>No. C 111418</b>	<b>Due no later than Jul 31, 2003</b> <b>Annual Report Form</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	1. Mailing Address - Correct in this box, if applicable  DERMA CLINIC, INC. (THE) DOROTHY JELAVICH 330 8TH AVE N  TWIN FALLS, ID 83301		DOROTHY JELAVICH 330 8TH AVE N  TWIN FALLS, ID 83301																		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DOROTHY JELAVICH</td> <td>330 8TH AVE NORTH</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secr/Treas</td> <td>ANTHONY JELAVICH</td> <td>P.O. BOX 768</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 8TH AVE NORTH	TWIN FALLS	ID	83301	Secr/Treas	ANTHONY JELAVICH	P.O. BOX 768	TWIN FALLS	ID	83303
<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 8TH AVE NORTH	TWIN FALLS	ID	83301																
Secr/Treas	ANTHONY JELAVICH	P.O. BOX 768	TWIN FALLS	ID	83303																
5. Organized Under the Laws of:  <div style="text-align: center;">           IDAHO            C 111418         </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u><i>D. Jelavich</i></u></td> <td style="width: 50%;">Date <u>5/7/03</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>D. JELAVICH</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature <u><i>D. Jelavich</i></u>	Date <u>5/7/03</u>	Name <small>(Typed or Printed)</small> <u>D. JELAVICH</u>	Title <u>President</u>														
Signature <u><i>D. Jelavich</i></u>	Date <u>5/7/03</u>																				
Name <small>(Typed or Printed)</small> <u>D. JELAVICH</u>	Title <u>President</u>																				