

No. C 131031		Due no later than Nov 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. NORTH IDAHO DERMATOLOGY, P.A. AARON NICHOLAS 2288 MERRITT CREEK LP COEUR D'ALENE ID 83814		STEPHEN CRAIG 2288 MERRITT CREEK LP INTERLAKE MEDICAL BLDG STE 370 COEUR D'ALENE ID 83814			
						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	STEPHEN D CRAIG	2288 MERRITT CREEK LOOP	COEUR D'ALENE	ID	USA	83814	
SECRETARY	JULIE L CRAIG	2288 MERRITT CREEK LOOP	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 131031		6. Annual Report must be signed.* Signature: Aaron Nicholes Name (type or print): Aaron Nicholes					
		Date: 09/21/2012 Title: Office Manager					
Processed 09/21/2012		* Electronically provided signatures are accepted as original signatures.					