

No. <b>C 131031</b>		<b>Due no later than Nov 30, 2012</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 131031</b>		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.					