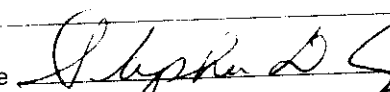


No. C 131031	Due no later than Nov 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX STEPHEN CRAIG 700 IRONWOOD DR INTERLAKE MEDICAL BLDG STE 3 COEUR D'ALENE, ID 83814												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO DERMATOLOGY, P.A. 700 IRONWOOD DR 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. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER/CEO</td> <td>STEPHEN D CRAIG</td> <td>700 W. Ironwood Drive #370</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</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>	OWNER/CEO	STEPHEN D CRAIG	700 W. Ironwood Drive #370	Coeur d'Alene	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
OWNER/CEO	STEPHEN D CRAIG	700 W. Ironwood Drive #370	Coeur d'Alene	ID	83814										
5. Organized Under the Laws of: IDAHO C 131031		6. Signature  Date <u>9 Dec 2004</u> Name (Typed or Printed) <u>Stephen D. Craig</u> Title <u>OWNER</u>													