

No. W 90097		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGH VALLEY DERMATOLOGY & DERMATOLOGIC SURGERY, PLLC GREGORY T SIMPSON 2085 PROVIDENCE WAY IDAHO FALLS ID 83404 USA		LINDSAY SEWELL 3330 SPARROW HAWK DR IDAHO FALLS ID 83401			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	LINDSAY D SEWELL	3330 SPARROW HAWK DR	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 90097		6. Annual Report must be signed.* Signature: Greg Simpson Name (type or print): Greg Simpson					
		Date: 11/17/2015 Title: Practice Manager					
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures.					