

No. C 160521		Due no later than May 31, 2018 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. IDAHO DERMATOLOGIC SURGERY & LASER CENTER, P.A. TERI J COTTINGHAM MD 999 N CURTIS RD 505 BOISE ID 83706		TERI J COTTINGHAM MD 999 N CURTIS RD STE 505 BOISE ID 83706			
						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	
SECRETARY	HENRY THOMPSON	999 N CURTIS RD STE 505	BOISE	ID	USA	83706	
PRESIDENT	TERI J COTTINGHAM	999 N CURTIS RD., STE 505	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 160521		6. Annual Report must be signed.* Signature: Linda Robertson Name (type or print): Linda Robertson Date: 04/30/2018 Title: Office Manager					
Processed 04/30/2018		* Electronically provided signatures are accepted as original signatures.					