No. **W 112**	**Due no later than Dec 31, 2008** **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 LASER INSTITUTE FOR DERMATOLOGIC SURGERY, P.L.L.C. STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404 USA	STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404 3. New 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	STANLEY J CHESLOCK	2860 CHANNING WAY STE 224	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 112**	Signature: Stanley J. Cheslock, M.D.	Date: 10/16/2008
	Name (type or print): Stanley J. Cheslock, M.D.	Title: Member

Processed 10/16/2008

* Electronically provided signatures are accepted as original signatures.