

No. C111418	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct DERMA CLINIC, INC. (THE) DOROTHY JELAVICH 132 MAIN AVE SOUTH TWIN FALLS ID 83301		DOROTHY JELAVICH 132 MAIN AVE SOUTH TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C111418																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>PATRICIA G. MARTENS</td> <td>1422 E 4400 N.</td> <td>BOHL</td> <td>ID</td> <td></td> </tr> <tr> <td>SECRETARY/ Treasurer</td> <td>DOROTHY JELAVICH</td> <td>P.O. BOX 7608</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	PATRICIA G. MARTENS	1422 E 4400 N.	BOHL	ID		SECRETARY/ Treasurer	DOROTHY JELAVICH	P.O. BOX 7608	TWIN FALLS,	ID	83303
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5.		6. Signature <u>Dorothy Jelavich</u> Date <u>8-6-97</u> <u>Secretary / Treasurer</u>																				