

No. C111418	Annual Report Form Due No Later Than November 30, 1997	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 <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  DERMA CLINIC, INC. (THE) DOROTHY JELAVICH 132 MAIN AVE SOUTH	DOROTHY JELAVICH 132 MAIN AVE SOUTH  TWIN FALLS ID 83301			
* FIRST NOTICE * TWIN FALLS ID 83301	ID	3. Organized Under the Laws of:  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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	PATRICIA G. MARTENS	1422 E 4400 N.	BUHL	ID	
SECRETARY/ Treasurer	DOROTHY JELAVICH	P.O. BOX 7608	TWIN FALLS,	ID	83303

5.   6.  

Signature Dorothy Jelavich Date 8-6-97  
 \_\_\_\_\_ Secretary Treasurer