

## Generated Annual Report

<b>No. C 128723</b>	<b>Due no later than 5/31/2009 Annual Report Form</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  C.T. DERM, P.C. 811 NW 12TH ST FRUITLAND ID 83619		CARL THORNFELDT MD 811 NW 12TH ST FRUITLAND ID 83619  <b>3. New Registered Agent Signature:</b>	
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>				
Office Held	Name	Street or PO Address	City	State Zip
President	Carl R. Thornfeldt MD	811 NW 12th St	Fruitland	ID 83619
<b>5. Organized Under the Laws of:</b>  <b>ID</b> <b>C 128723</b>		<b>6. Annual Report must be signed.</b> Signature: <u>Carl Thornfeldt MD</u> Date: <u>3.13.09</u> Name (type or print): <u>Carl R. Thornfeldt MD</u> Title: <u>President</u>		