

No. **C 111418****Due no later than July 31, 2006****Annual Report Form**2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

DERMA CLINIC, INC. (THE)
KATY S DROWN
330 8TH AVE N
TWIN FALLS, ID 83301KATY DROWN
330 8TH AVE N
TWIN FALLS, ID 83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Katy S. Drown	330 8th Ave N	Twin Falls	ID	83301
Secretary	Kathleen A. Drown	330 8th Ave N	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
C 111418

6.

Signature

Name (Typed or Printed)

Date

Title

Katy S. Drown
7/25/06
President

Issued 05/01/2006

Do Not Tape or Staple

200607003471