No. **W 90097**	**Due no later than Jan 31, 2015** **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.** HIGH VALLEY DERMATOLOGY & DERMATOLOGIC SURGERY, PLLC GREGORY T SIMPSON 2085 PROVIDENCE WAY IDAHO FALLS ID 83404	LINDSAY SEWELL 3330 SPARROW HAWK DR IDAHO FALLS 83401 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	LINDSAY D SEWELL	3330 SPARROW HAWK DR	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90097**	Signature: Greg Simpson	Date: 11/18/2014
	Name (type or print): Greg Simpson	Title: Practice Manager

Processed 11/18/2014

* Electronically provided signatures are accepted as original signatures.