

No. C 96092		Due no later than Aug 31, 2009 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. IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY SUITE 121 IDAHO FALLS ID 83404		PAUL BROOKE, M.D. 2860 CHANNING WAY STE. 121 IDAHO FALLS ID 83404			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MARGO BROOKE	6229 HIGHWAY 12 WEST	HELENA	MT	USA	59601	
5. Organized Under the Laws of: ID C 96092		6. Annual Report must be signed.* Signature: Paul Brooke MD Name (type or print): Paul Brooke MD Date: 06/10/2009 Title: President					
Processed 06/10/2009		* Electronically provided signatures are accepted as original signatures.					