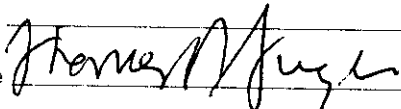


No. W 112	Due no later than December 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: <u>Correct in this box, if applicable</u> IDAHO LASER INSTITUTE FOR DERMATOLOGY THOMAS R GUYER 2860 CHANNING WAY #201 IDAHO FALLS, ID 83404		JOHN G ST. CLAIR 683 N CAPITAL AVE IDAHO FALLS, ID 83402 3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>PRESIDENT</td> <td>THOMAS R. GUYER, MD</td> <td>10701 S. 1ST</td> <td>IDAHO FALLS,</td> <td>ID 83404</td> </tr> <tr> <td></td> <td>DIRECTOR</td> <td>STANLEY J. CHESLOCK, MD</td> <td>1900 ROSS AVE.</td> <td>IDAHO FALLS,</td> <td>ID 83406</td> </tr> <tr> <td></td> <td>DIRECTOR</td> <td>GENE K. HODGES, MD</td> <td>579 COUNTRYSIDE LANE</td> <td>IDAHO FALLS,</td> <td>ID 83404</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		PRESIDENT	THOMAS R. GUYER, MD	10701 S. 1ST	IDAHO FALLS,	ID 83404		DIRECTOR	STANLEY J. CHESLOCK, MD	1900 ROSS AVE.	IDAHO FALLS,	ID 83406		DIRECTOR	GENE K. HODGES, MD	579 COUNTRYSIDE LANE	IDAHO FALLS,	ID 83404
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5. Organized Under the Laws of: IDAHO W 112	6. Signature  Date <u>12-1-04</u> Name (Typed or Printed) <u>THOMAS R. GUYER, MD</u> Title <u>PRESIDENT</u>																										