

ON REVERSE SIDE

ISSUED: 07-05-1994

No. 96092	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1994</i>	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address - IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY SUITE 121 IDAHO FALLS ID 83404

4. Names and Addresses of Officers and Directors				
MUST BE PRINTED OR TYPED				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President:	CORNELIUS PAUL BROOKE,	1405 PRESTO,	IDAHO FALLS,	IDAHO 83402
Secretary:				
Directors:				

5. Nature of Business MEDICAL PRACTICE - DERMATOLOGY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>PAUL BROOKE MD</u> Date <u>28 Oct 94</u> Name <u>(Typed or Printed)</u> <u>Paul Brooke</u> Title <u>President</u>
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