

No. C 111418

Due no later than July 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

KATY DROWN  
330 8TH AVE N  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
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 83301

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Katy S. Drown	330 8th Ave N	Twin Falls	ID	83301
Secretary	Herbert Drown	330 8th Ave N	Twin Falls	ID	83301

5. Organized Under the Laws of:  
IDAHO  
C 111418

6.

Signature

Name (Typed or Printed)

*Katy S. Drown*

Katy S Drown

Date

Title

6/18/07

President

200707001637

Issued 05/01/2007

Do Not Tape or Staple