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| No. W 20383 | | Due no later than Aug 31, 2007 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 | | 1. Mailing Address: Correct in this box if needed. PHYSICIAN SKIN CARE PLLC DAVID BOMAN 329 S WOODRUFF AVE IDAHO FALLS ID 83401 | | DAVID BOWMAN 329 S WOODRUFF AVE IDAHO FALLS ID 83401 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name DAVID BOWMAN | Street or PO Address 740 S WOODRUFF | | City IDAHO FALLS | State ID | Country USA | Postal Code 83401 |
| 5. Organized Under the Laws of: ID W 20383 | | 6. Annual Report must be signed.* Signature: David Bowman Name (type or print): David Bowman Date: 07/30/2007 Title: Manager | | | | | |
| Processed 07/30/2007 * Electronically provided signatures are accepted as original signatures. | | | | | | | |