

No. W 20383		Due no later than Aug 31, 2007		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		Annual Report Form 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			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID BOWMAN	740 S WOODRUFF	IDAHO FALLS	ID	USA	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.					