

No. W 90097	Due no later than Jan 31, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HIGH VALLEY DERMATOLOGY & DERMATOLOGIC SURGERY, PLLC GREGORY T SIMPSON 2085 PROVIDENCE WAY IDAHO FALLS ID 83404	LINDSAY SEWELL 3330 SPARROW HAWK DR 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
MEMBER	JAMES R WILLIS	608 CEDAR RIDGE DR	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 90097	6. Annual Report must be signed.* Signature: Greg Simpson Name (type or print): Greg Simpson Date: 12/01/2010 Title: Manager					
Processed 12/01/2010		* Electronically provided signatures are accepted as original signatures.				