No. C 96092		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY SUITE 121		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2860 CHANI IDAHO FALL	PAUL BROOKE, M.D. 2860 CHANNING WAY STE. 121 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		IDAHO FALLS ID 83404 ness Addresses of President, Secretary, and Directors. Treasurer (surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MARGO BROOKE		6229 HIGHWAY 12 WEST	HELENA	MT	USA	59601	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 96092		Signature: Pa		Date: 06/16/2013				
		Name (type o		Title: President				
Processed 06/16/2013	essed 06/16/2013 * Electronically provided signatures are accepted as original signatures.							