

No. C 111418 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009 1. Mailing Address: Correct in this box if needed. DERMA CLINIC, INC. (THE) KATY S DROWN 330 8TH AVE N TWIN FALLS ID 83301	2. Registered Agent and Office (NOT A P.O. BOX) KATY DROWN 330 8TH AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature.				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Katy S Drown	330 8th Ave N	Twin Falls	ID		83301
Secretary	Herb Drown	330 8th Ave N	Twin Falls	ID		83301
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 111418</div>		6. Signature: <u>Katy S. Drown</u> Date: <u>10/14/09</u> Name (type or print): <u>Katy S. Drown</u> Title: <u>10/14/09</u>				
Issued 10/13/2009 by DK1						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.