

No. C 154132		Due no later than Apr 30, 2013		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. SNAKE RIVER DERMATOLOGY, P.A. CONNIE L HARRIS 1611 N WHITLEY DR STE 7 FRUITLAND ID 83619 USA		GERALD G OVERLY MD 1611 N WHITLEY DR STE 7 FRUITLAND ID 83619				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	BROCK ANDERSEN	1611 N WHITLEY DR STE 7	FRUITLAND	ID	USA	83619			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 154132		Signature: Brock Andersen				Date: 02/28/2013			
		Name (type or print): Brock Andersen				Title: President			
Processed 02/28/2013		* Electronically provided signatures are accepted as original signatures.							