No. C 128723	Due	2. Registere	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			HORNFELDT MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. C.T. DERM, P.C. ELISHA A ANDREWS 811 NW 12TH ST FRUITLAND ID 83619 USA			811 NW 12TH ST FRUITLAND ID 83619			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			TROTTER				
			3. <u>New</u> Reg	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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	
SECRETARY MARLENE T	HORNFELDT	811 NW 12TH ST	FRUITLANI	D ID	USA	83619-2268	
5. Organized Under the Laws of:	. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Carl		Date: 03/09/2012				
C 128723	C 128723 Name (type or print): Carl R Thornfeldt MD			Title: President			
Processed 03/09/2012	* Electronically provided signatures are accepted as original signatures.						