

No. <b>C 96092</b>		<b>Due no later than Aug 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO FALLS DERMATOLOGY, P.A. PAUL BROOKE, M.D. 2860 CHANNING WAY SUITE 121 IDAHO FALLS ID 83404		PAUL BROOKE, M.D. 2860 CHANNING WAY STE. 121 IDAHO FALLS ID 83404			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held SECRETARY	Name MARGO BROOKE	Street or PO Address 6229 HIGHWAY 12 WEST	City HELENA	State MT	Country USA	Postal Code 59601	
5. Organized Under the Laws of:  <b>ID C 96092</b>		6. Annual Report must be signed.*  Signature: Paul Brooke M.D. Name (type or print): Paul Brooke M.D.  Date: 06/09/2010 Title: President					
Processed 06/09/2010 * Electronically provided signatures are accepted as original signatures.							