No. C 128723		Due no later than May 31, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. C.T. DERM, P.C. ELISHA A ANDREWS 811 NW 12TH ST FRUITLAND ID 83619		811 NW 12TH FRUITLAND 1	CARL THORNFELDT MD 811 NW 12TH ST FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
Corporations: Enter Names and Business Addr Name		less Addresses of	Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT PRESIDENT	MARLENE THORNFELDT CARL R THORNFELDT		811 NW 12TH ST 811 NW 12TH ST	FRUITLAND FRUITLAND	ID ID	USA USA	83619-2268 83619-2268	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Elisha Andrews CMPE			Date: 04/05/2018			
C 128723		Name (type or print): Elisha Andrews CMPE			Title: Clinic Manager			
Processed 04/05/2018		* Electronically p	ovided signatures are accepted as origin	nal signatures.				