

No. C 153817		Due no later than Mar 31, 2016 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. DERMATOLOGY CENTER OF IDAHO INC DERMATOLOGY CLINIC OF IDAHO 7733 W EMERALD ST BOISE ID 83704		JAMES H STEWART MD 7733 W EMERALD BOISE ID 83704			
						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	JAMES H STEWART	7733 W EMERALD	BOISE	ID	USA	83704	
SECRETARY	TAMMY LEONARD	7733 W EMERALD	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID C 153817		6. Annual Report must be signed.* Signature: Jean Name (type or print): Jean					
		Date: 01/22/2016 Title: Montgomery					
Processed 01/22/2016		* Electronically provided signatures are accepted as original signatures.					