

| | | |
|--|---|---|
| No. C 181036 | Due no later than Dec 31, 2009 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. ALPINE DERMATOLOGY CLINIC, P.C. DANIEL MARSHALL 393 E 2ND N REXBURG ID 83440 USA | KEVIN KOPLIN 1000 RIVERWALK DR IDAHO FALLS ID 83402 |
| | | 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 |
| PRESIDENT | DANIEL MARSHALL | 393 E 2ND N |
| City | State | Country |
| REXBURG | ID | USA |
| Postal Code | 83440-1605 | |
| 5. Organized Under the Laws of: ID C 181036 | 6. Annual Report must be signed.* Signature: Kevin C Koplín Name (type or print): Kevin C Koplín Date: 01/08/2010 Title: Cpa | |
| Processed 01/08/2010 * Electronically provided signatures are accepted as original signatures. | | |