

No. <b>C 128723</b>		<b>Due no later than May 31, 2011</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>  C.T. DERM, P.C. ELISHA A ANDREWS 811 NW 12TH ST FRUITLAND ID 83619 USA		CARL THORNFELDT MD 811 NW 12TH ST FRUITLAND ID 83619			
				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	
SECRETARY	MARLENE THORNFELDT	811 NW 12TH ST	FRUITLAND	ID	USA	83619-2268	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 128723</b>		Signature: Elisha Andrews				Date: 06/06/2011	
		Name (type or print): Elisha Andrews				Title: Clinic Manager	
Processed 06/06/2011		* Electronically provided signatures are accepted as original signatures.					