

# REINSTATEMENT

FILED EFFECTIVE

No. <b>W 112</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 03/09/2007		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <del>JOHN G. ST. CLAIR</del> <i>Stanley J. Cheslock, MD</i> <del>683 N. CAPITAL AVE</del> <del>IDAHO FALLS, ID 83402</del> 2860 Channing Way, Suite 224 IDAHO FALLS, ID 83404																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	1. Mailing Address - Correct in this box, if applicable IDAHO LASER INSTITUTE FOR DERMATOLOGY <del>THOMAS R. GUYER</del> 2860 CHANNING WAY #201 Suite 224 IDAHO FALLS, ID 83404		3. New registered agent signature <i>Stanley J. Cheslock</i>																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Owner, President</td> <td>Stanley J. Cheslock, M.D.</td> <td>2860 Channing Way, Suite 224</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Owner, President	Stanley J. Cheslock, M.D.	2860 Channing Way, Suite 224	Idaho Falls	ID	83404	Member					
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5. Organized under the laws of: IDAHO W 112		6. Signature <i>Stanley J. Cheslock</i> Date <i>21 Jan 08</i> Name (Typed or Printed) <i>Stanley J. Cheslock, M.D.</i> Title <i>President, Member</i>																			

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