

No. C 153644		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DERMATOLOGY CENTER OF CANYON COUNTY, P.C. GAVIN R POWELL 318 2ND ST S NAMPA ID 83651		GAVIN R POWELL 318 2ND ST S NAMPA ID 83651			
				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	MICHELE L POWELL	17793 POLARA WAY	NAMPA	ID	USA	83687	
PRESIDENT	GAVIN R POWELL	17793 POLARA WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 153644		Signature: Gavin R Powell				Date: 01/23/2016	
		Name (type or print): Gavin R Powell				Title: president	
Processed 01/23/2016		* Electronically provided signatures are accepted as original signatures.					