

|   |                  |  |       |  |         |             |  |
|---|------------------|--|-------|--|---------|-------------|--|
| No. <b>C 153644</b>   |                  | <b>Due no later than Mar 31, 2016</b><br><b>Annual Report Form</b>   |       | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DERMATOLOGY CENTER OF CANYON COUNTY, P.C.<br>GAVIN R POWELL<br>318 2ND ST S<br>NAMPA ID 83651 |       | GAVIN R POWELL<br>318 2ND ST S<br>NAMPA ID 83651     |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                  |  |       | 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:<br><br><b>ID</b><br><b>C 153644</b>   |                  | 6. Annual Report must be signed.*<br><br>Signature: Gavin R Powell<br>Name (type or print): Gavin R Powell<br><br>Date: 01/23/2016<br>Title: president         |       |  |         |             |  |
| Processed 01/23/2016 * Electronically provided signatures are accepted as original signatures.                    |                  |  |       |  |         |             |  |