No. <b>C 128723</b>		Due no later than May 31, 2015		2. Registered Ag	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  C.T. DERM, P.C. ELISHA A ANDREWS 811 NW 12TH ST FRUITLAND ID 83619 USA		811 NW 12TH FRUITLAND	CARL THORNFELDT MD 811 NW 12TH ST FRUITLAND 83619  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Busine		ace Addresses of I	President Secretary and Directors Treas	curer (entional)				
Office Held	Name	ess Addresses of I	Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	MARLENE THORNFELDT		811 NW 12TH ST	FRUITLAND	ID	USA	83619-2268	
PRESIDENT	CARL R THORNFELDT		811 NW 12TH ST	FRUITLAND	ID	USA	83619-2268	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 128723		Signature: Elisha Andrews		Da	Date: 03/25/2015			
		Name (type or print): Elisha Andrews		Tir	Title: Clinic Manager			
Processed 03/25/2015 * Electronically provided signatures are accepted as original signatures.								