No. **W 128466**	**Due no later than Aug 31, 2017**	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.** SCHOLES DERMATOLOGY, LLC CHRIS SCHOLES 526 SHOUP AVE W A TWIN FALLS ID 83301	CHRIS SCHOLES 526 SHOUP AVE W A TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	CHRIS SCHOLES MD	526 A SHOUP AVE W	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 128466**	Signature: Scholes Dermatology LLC	Date: 08/08/2017
	Name (type or print): Scholes Dermatology LLC	Title: Accountant

Processed 08/08/2017

* Electronically provided signatures are accepted as original signatures.