

No. W 112		Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO LASER INSTITUTE FOR DERMATOLOGIC SURGERY, P.L.L.C. STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404 USA		STANLEY J CHESLOCK 2860 CHANNING WAY STE 224 IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	THOMAS R GUYER	2860 CHANNING WAY	IDAHO FALLS	ID	USA	83404	
MEMBER	STANLEY J CHESLOCK	2860 CHANNING WAY #201	IDAHO FALLS	ID	USA	83404	
MEMBER	GENE K HODGES	2860 CHANNING WAY #201	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 112		6. Annual Report must be signed.* Signature: Stanley J. Cheslock, M.D. Name (type or print): Stanley J. Cheslock, M.D.					
		Date: 10/21/2013 Title: Owner					
Processed 10/21/2013 * Electronically provided signatures are accepted as original signatures.							