

No. <b>C 153644</b>		<b>Due no later than Mar 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 153644</b>		6. Annual Report must be signed.* Signature: Gavin R Powell Name (type or print): Gavin R Powell Date: 02/02/2018 Title: president					
Processed 02/02/2018		* Electronically provided signatures are accepted as original signatures.					