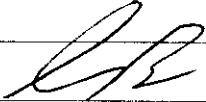


No. <b>W 24492</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than June 30, 2004 Annual Report Form</b>  1. Mailing Address - Correct in this box, if applicable  IDAHO SKIN CARE & CLEAR SKIN, PLLC 329 S WOODRUFF IDAHO FALLS, ID 83401	2. Registered Agent and Office <b>NO PO BOX</b>  DR DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS, ID 83401  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td colspan="6">Managers: David P. Bowman 5223 Sagewood Idaho Falls, ID 83406</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Managers: David P. Bowman 5223 Sagewood Idaho Falls, ID 83406					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Managers: David P. Bowman 5223 Sagewood Idaho Falls, ID 83406														
5. Organized Under the Laws of:  IDAHO W 24492	6. Signature  Date <u>6-22-04</u>  Name <small>(Typed or Printed)</small> <u>DAVID P BOWMAN</u> Title <u>owner/physician</u>													

Issued 04/01/2004

Do Not Tape or Staple

2004060443