

No. <b>C 154132</b>		<b>Due no later than Apr 30, 2015</b>		<b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> SNAKE RIVER DERMATOLOGY, P.A. CONNIE L HARRIS 1118 NW 16TH ST STE A FRUITLAND ID 83619 USA		BROCK ANDERSEN 1118 NW 16TH STE A FRUITLAND 83619					
				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			
PRESIDENT	BROCK ANDERSEN	1118 NW 16TH STE A	FRUITLAND	ID	USA	83619			
5. Organized Under the Laws of:  <b>ID C 154132</b>		6. Annual Report must be signed.* Signature: BROCK ANDERSEN Name (type or print): BROCK ANDERSEN Date: 02/26/2015 Title: PRESIDENT							
Processed 02/26/2015		* Electronically provided signatures are accepted as original signatures.							