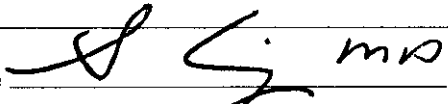


No. C 131031	Due no later than Nov 30, 2001		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		STEPHEN CRAIG 700 IRONWOOD DR INTERLAKE MEDICAL BLDG STE 3 COEUR D'ALENE, ID 83814											
	1. Mailing Address - Correct in this box, if applicable NORTH IDAHO DERMATOLOGY, P.A. 700 IRONWOOD DR INTERLAKE MEDICAL BLDG STE 370 COEUR D'ALENE, ID 83814													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.														
	<table border="1"> <thead> <tr> <th data-bbox="683 373 874 425"><u>Office held</u></th> <th data-bbox="874 373 1087 425"><u>Name</u></th> <th data-bbox="1087 373 1347 425"><u>Street or P.O. Address</u></th> <th data-bbox="1347 373 1470 425"><u>City</u></th> <th data-bbox="1470 373 1619 425"><u>State</u></th> <th data-bbox="1619 373 1815 425"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="683 425 874 477">ALL</td> <td data-bbox="874 425 1087 477">Stephen D. Craig</td> <td data-bbox="1087 425 1347 477">700 Ironwood Dr. #370</td> <td data-bbox="1347 425 1470 477">Coeur d'Alene</td> <td data-bbox="1470 425 1619 477">ID</td> <td data-bbox="1619 425 1815 477">83814</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>	ALL	Stephen D. Craig	700 Ironwood Dr. #370	Coeur d'Alene	ID	83814	
	<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>								
ALL	Stephen D. Craig	700 Ironwood Dr. #370	Coeur d'Alene	ID	83814									
5. Organized Under the Laws of: IDAHO C 131031	6.  Signature _____ Date <u>17 Sept 01</u> Name (Typed or Printed) <u>Stephen D. Craig, MD</u> Title <u>CEO, President</u>													