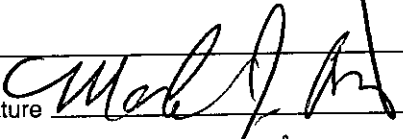


No. W 30432	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		MARK BOERNER 111 W MAIN STE 200 BOISE, ID 83702													
	SKIN SOLUTIONS, L.L.C. 111 W MAIN STE 200 BOISE, ID 83702		3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <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>Owner</td> <td>Mark J. Boerner M.D.</td> <td>111 Main St Ste 200</td> <td>Boise</td> <td>Id</td> <td>83702</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>	Owner	Mark J. Boerner M.D.	111 Main St Ste 200	Boise	Id	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Owner	Mark J. Boerner M.D.	111 Main St Ste 200	Boise	Id	83702											
5. Organized Under the Laws of: IDAHO W 30432		6.  Signature _____ Date <u>3-22-06</u> Name (Typed or Printed) <u>Mark J. Boerner M.D.</u> Title <u>Owner</u>														

Issued 03/01/2006

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