No. <b>C 55038</b>	Due no later than Feb 28, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
teturn to: Annual Report Form		Annual Report Form		JOHN L HENDRICKS 4599 HOMER RD EAGLE ID 83616			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  IDAHO PLASTIC SURGEONS, P.A.  JOHN L HENDRICKS  4599 HOMER RD  EAGLE ID 83616						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			EAGLE ID				
			3. New Registe	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 SHIRLEY S	HENDRICKS	4599 HOMER RD	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Joh	Signature: John I Hendricks		Date: 03/03/2011			
C 55038	Name (type or print): John I Hendricks			Title: President			
Processed 03/03/2011	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					