No. <b>W 144424</b>	Annual Report Form  1. Mailing Address: Correct in this box if needed.  COEUR D'ALENE PLASTIC SURGERY P.L.L.C. DR KATE KUHLMAN-WOOD MD  1875 N LAKEWOOD DR STE 200		2. Registered Agent and Address (NO PO BOX)			
Return to:			LYONS O'DOWD PLLC 201 N 3RD ST COEUR D ALENE ID 83814			
SECRETARY OF STATE						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MEMBER KATE KUHLMAN-WOOD MD		1875 N LAKEWOOD DR STE 200	COEUR D ALENE	WA	USA	83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: ASHLEY BATCHELDER		Date: 11/02/2017			
W 144424	Name (type or print): ASHLEY BATCHELDER		Title: OFFICE MANAGER			
Processed 11/02/2017	* Electronically provided signatures are accepted as original signatures.					