o. W 34456	Due no later than November 30, 2006	2. Registered Agent and Office NO PO BOX
otum to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form  11. Mailing Address - Correct In this box, if applicable  CENTER FOR PLASTIC SURGERY, LLC  1880 FILLMORE STREET  TWIN FALLS, ID 83301	DELL P SMITH MD 1880 FILLMORE STREET TWIN FALLS, ID 83301
O FILING FEE IF ECEIVED BY DUE DATE		3. New Registered Agent Signature
Office held Name	nies: Enter Names and Addresses of Members.  Street or P.O. Address  With	Falls (1) \$39
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Organized Under the Laws of:	6. 0. 062 Alv	M 9/12/00
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