

No. C 112232		Due no later than Oct 31, 2017		Annual Report Form		2. Registered Agent and Address (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 needed. NORTH IDAHO PLASTIC AND RECONSTRUCTIVE SURGERY, CHARTERED F MARK OWSLEY, M.D. 1859 N LAKEWOOD DR 301 COEUR D'ALENE ID 83814		F MARK OWSLEY, M.D. 1859 N LAKEWOOD DR 301 COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature:*	
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	LINDA J OWSLEY	1859 N LAKWOOD DR SUITE 301	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 112232		6. Annual Report must be signed.* Signature: Linda Owsley Name (type or print): Linda Owsley Date: 09/05/2017 Title: Practice Manager					
Processed 09/05/2017		* Electronically provided signatures are accepted as original signatures.					