

No. C 55033	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		C. EUGENE SULLIVAN, M.D. 999 N. CURTIS ROAD, #109 BOISE ID 83706																			
	IDAHO PLASTIC SURGEONS, P.A. C. EUGENE SULLIVAN, M.D. 999 NO. CURTIS, SUITE 109 BOISE ID 83725		3. Organized Under the Laws of: ID C 55038																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <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>Office Manager</td> <td>M. Peak</td> <td>same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice-Pres</td> <td>J. Hendricks, MD</td> <td>same</td> <td></td> <td></td> <td></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>	Office Manager	M. Peak	same				Vice-Pres	J. Hendricks, MD	same			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
Office Manager	M. Peak	same																				
Vice-Pres	J. Hendricks, MD	same																				
5. NATURE OF BUSINESS MEDICAL PROVIDER		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>C. E. Sullivan</i></u> Date <u>15 July 96</u> Name (Typed or Printed) <u>C E Sullivan</u> Title <u>President</u>																				

ISSUED: 07-06-1995

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