

No. W 34456		Due no later than Nov 30, 2008		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. CENTER FOR PLASTIC SURGERY, LLC DELL P SMITH 1880 FILLMORE STREET TWIN FALLS ID 83301		DELL P SMITH MD 1880 FILLMORE STREET TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
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	DELL P SMITH MD	1880 FILLMORE STREET	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 34456		Signature: Dell P Smith				Date: 12/04/2008	
		Name (type or print): Dell P Smith				Title: Owner	
Processed 12/04/2008		* Electronically provided signatures are accepted as original signatures.					