

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 11-14-77

|                                                                                 |                                                                                                     |                                                         |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| No. 64861                                                                       | Idaho Corporation Annual Report Form                                                                | 2. Registered Agent and Office NOT A P.O. BOX           |
| Return To                                                                       | Due No Later Than November 30, 1995                                                                 | MICHAEL G CHRISTENSEN "P,"<br>2205 NORTH IRONWOOD PLACE |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | 1. Mailing Address - Please Correct If Not Correct                                                  | COEUR D'ALENE ID 83814                                  |
| * FIRST NOTICE *                                                                | COEUR D'ALENE PLASTIC AND RECON<br>MICHAEL G CHRISTENSEN SHOULD BE<br>2205 NORTH IRONWOOD PLACE "P" | 3. Incorporated Under The Laws of                       |
| NO FEE REQUIRED                                                                 | COEUR D'ALENE ID 83814                                                                              | ID                                                      |
|                                                                                 |                                                                                                     | NO: 64861                                               |

## 4. Names and Addresses of Officers and Directors

| Name | Street or P.O. Address | City | State | Postal Code |
|------|------------------------|------|-------|-------------|
|------|------------------------|------|-------|-------------|

President:

Secretary:

Directors:

COEUR D'ALENE PLASTICS &  
RECONSTRUCTIVE SURGERY, P.A.  
2205 NORTH IRONWOOD PLACE  
COEUR D'ALENE, IDAHO 83814  
MICHAEL P. CHRISTENSEN, M.D.

This is correct!

## 5. Nature of Business

Surgery

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

Name

(Typed or Printed)

MICHAEL P. CHRISTENSEN

Date

Title

7-15-95

C.E.O.