

No. W 34456		Due no later than Nov 30, 2015		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	83301
5. Organized Under the Laws of: ID W 34456		6. Annual Report must be signed.* Signature: Dell Smith Name (type or print): Dell Smith Date: 09/17/2015 Title: President			
Processed 09/17/2015		* Electronically provided signatures are accepted as original signatures.			