

No. <b>C 56197</b>	<b>Due no later than Aug 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> PLASTIC SURGERY ASSOCIATES, P.A. JOAN MALOFF STEPHEN M. MALOFF, M.D. PO BOX 4948 POCATELLO ID 83205-4948 USA		STEPHEN M. MALOFF, M.D. 1950 EAST CLARK, SUITE A POCATELLO ID 83201			
			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
DIRECTOR	S. ANGIER WILLS	PO BOX 4948	POCATELLO	ID	USA	83205-4948
SECRETARY	JOAN F MALOFF	PO BOX 4948	POCATELLO	ID	USA	83205-4948
PRESIDENT	STEPHEN M MALOFF	PO BOX 4948	POCATELLO	ID	USA	83205-4948
5. Organized Under the Laws of:  <b>ID C 56197</b>	6. Annual Report must be signed.* Signature: Joan F. Maloff Name (type or print): Joan F. Maloff		Date: 07/10/2012 Title: Secretary			
Processed 07/10/2012		* Electronically provided signatures are accepted as original signatures.				