No. <b>C 54751</b>	Due no later than Dec 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JEFF D BURRY DO			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	330 WARNER DRIVE LEWISTON 83501			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	VALLEY FACIAL PLASTICS & ENT, PA JEFF D BURRY 330 WARNER DRIVE	LEWISTON	LEWISTON 65501		
	LEWISTON ID 83501	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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
PRESIDENT JEFF D B	JRRY 330 WARNER DRIVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Jeff D Burry, DO	Date: 11/05/2014			
C 54751	Name (type or print): Jeff D Burry, DO	Title: President/Owner			
Processed 11/05/2014	* Electronically provided signatures are accepted as original signatures.				