No. C 112232	Due no later than October 31, 2005	0.0
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	F MARK OWSLEY M.D. 2221 HONWOOD CENTER BRIVE
700 WEST JEFFERSON	NORTH IDAHO PLASTIC AND RECONSTRUCT	12221 RONWOOD CENTER DRIVE
PO BOX 83720	T MARK OWSLEY, M.D.	199549 P'AYFNF, 19 18381A
BOISE, ID 83720-0080	2221/ROMWDDP/OFNTER/PR/ COEUR/WALENE/ ID/838/4/289/	750 N SYRINGA ST, STE 204
NO FILING FEE IF	750 N SYRINGA ST, STE 204	LPOST FALLS. ID 83854
RECEIVED BY DUE DATE	POST FALLS, ID 83854	3. New Registered Agent Signature
	1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Office held	es and Business Addresses of President, Secretar	y and Directors
- Name	Street or P.O. Address	
PRESIDENT F. MARK OW	SLEY, M.D. 750 N SYRINGA ST, STE 20	4 POST FALLS, ID 83854
5. Organized Under the Laws of:	6.	
IDAHO	6. Signature X Julully	v s.
	Signature & Jullwelly	Date
IDAHO C 112232	6. Signature ** Jululeyv Name (Typed or Printed) F. MARK OWSLEY, M.D.	Date
IDAHO	Signature & Jullwelly	Date