No. C 54751		Due no later than Dec 31, 2016	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VALLEY FACIAL PLASTICS & ENT, PA JEFF D BURRY 330 WARNER DRIVE LEWISTON ID 83501-4441	JEFF D BURRY DO 330 WARNER DRIVE LEWISTON ID 83501-4441 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names a	and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).				
Office Held Nar	ne	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JEFF D BURI		RY 330 WARNER DRIVE	LEWISTON	ID	USA	83501- 444 1	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 54751		Signature: Jeffrey D Burry	Date: 11/03/2016				
		Name (type or print): Jeffrey D Burry	Title: Owner				
Processed 11/03/2016	* Electronically provided signatures are accepted as original signatures.						