No. C 55038		Due no later than Feb 28, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		4500 110145	JOHN L HENDRICKS 4599 HOMER RD EAGLE ID 83616 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		IDAHO PLASTIC SURGEONS, P.A. JOHN L HENDRICKS 4599 HOMER RD EAGLE ID 83616		EAGLE ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	SHIRLEY S HENDRICKS		4599 HOMER RD	EAGLE	ID	USA	83616	
DIRECTOR	ADRIENNE L HENDRICKS-BROOKE		1791 N EAGLE CREEK WAY	EAGLE	ID	USA	83616	
PRESIDENT	JOHN L HEN	IDRICKS	4599 HOMER RD	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John L He		Date: 12/21/2016				
C 55038		Name (type or print): John L Hendricks			Title: President			
Processed 12/21/2016	ocessed 12/21/2016 * Electronically provided signatures are accepted as original signatures.							