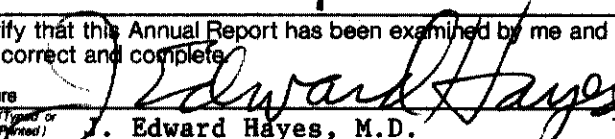
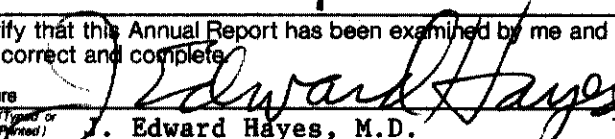
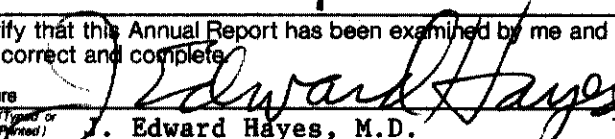


INSTRUCTIONS ON REVERSE SIDE

No. 46790	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct		J. EDWARD HAYES 333 NORTH 1ST, SUITE 130 BOISE ID 83702																									
	BOISE PLASTIC SURGERY, P.A. J. EDWARD HAYES, M.D. 333 N 1ST, SUITE 130 BOISE ID 83702 0000		3. Incorporated Under The Laws of ID NO: 046790																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>J. Edward Hayes, M.D.</td> <td>333 N. 1st, Suite 130</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	J. Edward Hayes, M.D.	333 N. 1st, Suite 130	Boise	ID	83702	Secretary:						Directors:					
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Secretary:																												
Directors:																												
5. Nature of Business Plastic Surgery	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  J. Edward Hayes, M.D. </td> <td>10/07/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>J. Edward Hayes, M.D.</td> <td>President</td> </tr> </table>				Signature	Date	 J. Edward Hayes, M.D.	10/07/91	Name (Typed or Printed)	Title	J. Edward Hayes, M.D.	President																
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