

No. <b>C 56197</b>	<b>Due no later than Aug 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> PLASTIC SURGERY ASSOCIATES, P.A. JOAN MALOFF STEPHEN M. MALOFF, M.D. PO BOX 4948 POCATELLO ID 83205-4948 USA	STEPHEN M. MALOFF, M.D. 1950 EAST CLARK, SUITE A POCATELLO ID 83201				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	S. ANGIER WILLS	PO BOX 4948	POCATELLO	ID	USA	83205-4948
SECRETARY	JOAN F MALOFF	PO BOX 4948	POCATELLO	ID	USA	83205-4948
PRESIDENT	STEPHEN M MALOFF	PO BOX 4948	POCATELLO	ID	USA	83205-4948
5. Organized Under the Laws of:  <b>ID C 56197</b>	6. Annual Report must be signed.* Signature: Joan F. Maloff Name (type or print): Joan F. Maloff		Date: 06/13/2011 Title: Secretary			
Processed 06/13/2011		* Electronically provided signatures are accepted as original signatures.				