


No. C 154886	Due no later than May 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ADA PLASTIC AND RECONSTRUCTIVE SURG 900 N LIBERTY STE 300 BOISE, ID 83704		THOMAS D MCKIM MD 900 N LIBERTY STE 300 BOISE, ID 83704													
			3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>THOMAS MCKIM</td> <td>900 N LIBERTY # 300</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES	THOMAS MCKIM	900 N LIBERTY # 300	BOISE	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
PRES	THOMAS MCKIM	900 N LIBERTY # 300	BOISE	ID	83704											
5. Organized Under the Laws of: IDAHO C 154886		6. Signature  Date 3/8/06 Name (Typed or Printed) _____ Title _____														

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Do Not Tape or Staple

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