No. **W 34456**	**Due no later than Nov 30, 2016** **Annual Report Form**	2. Registered Agent and Address **(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 needed.** CENTER FOR PLASTIC SURGERY, LLC DELL P SMITH 1880 FILLMORE STREET TWIN FALLS ID 83301	DELL P SMITH MD 1880 FILLMORE STREET TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DELL P SMITH MD	1880 FILLMORE STREET	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 34456**	Signature: Dell Smith	Date: 09/28/2016
	Name (type or print): Dell Smith	Title: President

Processed 09/28/2016

* Electronically provided signatures are accepted as original signatures.