

No. W 144424		Due no later than Nov 30, 2015 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		1. Mailing Address: Correct in this box if needed. COEUR D'ALENE PLASTIC SURGERY P.L.L.C. DR KATE KUHLMAN-WOOD MD 1875 N LAKWOOD DR STE 200 COEUR D ALENE ID 83814		DR KATE KUHLMAN-WOOD MD 1875 N LAKWOOD DR STE 200 COEUR D ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JENNIFER MILEY	Street or PO Address 1875 N LAKWOOD DR STE 200		City COEUR D ALENE	State WA	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 144424		6. Annual Report must be signed.* Signature: JENNIFER Miley Name (type or print): JENNIFER Miley Date: 09/18/2015 Title: COO					
Processed 09/18/2015 * Electronically provided signatures are accepted as original signatures.							