

No. C 128422	Due no later than Apr 30, 2003 Annual Report Form 1. Mailing Address - Correct in this box, if applicable: TREASURE VALLEY AESTHETIC SURGERY Clinic 8756 W EMERALD <i>1150 W State St #201</i> SUITE 186 BOISE, ID 83704 <i>Boise Id 83704</i>	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		C.E. SULLIVAN 8756 W EMERALD SUITE 186 BOISE, ID 83704												
3. <u>New</u> Registered Agent Signature														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <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>C.E. Sullivan M.A.</td> <td>Above</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:	C.E. Sullivan M.A.	Above	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:	C.E. Sullivan M.A.	Above	Boise	ID	83704									
5. Organized Under the Laws of: IDAHO C 128422	6. Signature <i>C.E. Sullivan</i> Date <i>13 Feb 03</i> Name (Typed or Printed) <i>C.E. Sullivan M.A.</i> Title <i>President</i>													