

No. W 30903

Due no later than May 31, 2008
Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

1. Mailing Address - Correct in this box, if applicable

VEINCARE, PLLC
DONNA HESGARD
333 N FIRST ST #280
BOISE, ID 83702

2. Registered Agent and Office NO PO BOX

MICHAEL J TULLIS MD
333 N FIRST ST #280
BOISE, ID 83702

STURGILL & ASSOCIATES
P.C.
1000 12TH AVE
BOISE, ID 83702

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name

Street or P.O. Address

City

State

Zip

member Michael Tullis 333 N 1st St #280 Boise ID 83702

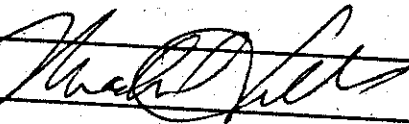
5. Organized Under the Laws of:

IDAHO
W 30903

6.

Signature

Name (Typed or Printed)



Michael Tullis

Date

3/19/08

Title

MD / member

Issued 03/03/2008

Do Not Tape or Staple

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