

No. W 42258		Due no later than Aug 31, 2007 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. VANISHING VEINS OF IDAHO, L.L.C. 601 W RIVERSIDE AVE STE 1500 SPOKANE WA 99201		KEITH D BROWN 2512 E BLACK FOREST AVE POST FALLS ID 83854			
				3. <u>New</u> 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	
MANAGER	NATE RAABE	1859 N. LAKEWOOD DR., STE. 303	COEUR D'ALENE	ID	USA	83814	
MANAGER	MARK DUNN	7500 W. 160TH STREET	STILWELL	KS	USA	66085	
MANAGER	RICHARD BARTLETT	7500 W. 160TH STREET	STILWELL	KS	USA	66085	
MANAGER	RODNEY D. RAABE	6316 S. AUER STREET	SPOKANE	WA	USA	99223	
MANAGER	JOHN HEMMINGSON	341 N. LEGEND TREE DRIVE	LIBERTY LAKE	WA	USA	99019	
5. Organized Under the Laws of: ID W 42258		6. Annual Report must be signed.* Signature: John Hemmingson Name (type or print): John Hemmingson Date: 08/21/2007 Title: Manager					
Processed 08/21/2007		* Electronically provided signatures are accepted as original signatures.					