No. W 42258		Due no later than Aug 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. VANISHING VEINS OF IDAHO, L.L.C. PETER J GRABICKI 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 Compan	ies: Enter Na	mes and Address	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
	NATHAN RAABE RODNEY D. RAABE		1837 W. GUADALUPE RD., #112 6316 S. AUER STREET	MESA SPOKANE	AZ WA	USA USA	85202 99223
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 42258		Signature: Nathan Raabe			Date: 06/15/2009		
		Name (type o	Title: Manager				
Processed 06/15/2009 * Electronically provided signatures are accepted as original signatures.							