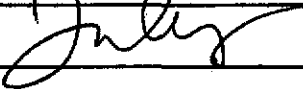


No. W 30903	Due no later than May 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable VEINCARE, PLLC DONNA HESGARD 333 N FIRST ST #280 BOISE, ID 83702	MICHAEL J TULLIS MD 333 N FIRST ST #280 BOISE, ID 83702 3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Michael Tullis	333 N 1st St #280	Boise	ID	83702

5. Organized Under the Laws of: IDAHO W 30903	6. Signature  Date <u>3/12/09</u> Name (Typed or Printed) <u>Michael Tullis</u> Title <u>M.D. / member</u>
--	---

Issued 03/02/2009

Do Not Tape or Staple

200905006609