

No. W 48395

Due no later than March 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

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

VANISHING VEINS, P.L.L.C.  
2512 E BLACK FOREST AVE  
POST FALLS, ID 83854

KEITH D BROWN  
2512 E BLACK FOREST AVE  
POST FALLS, ID 83854

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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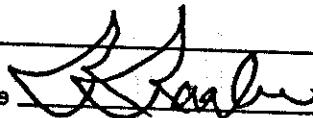
Member	Rodney Raabe, M.D.	6316 S. Auer Street	Spokane, WA	99223	
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5. Organized Under the Laws of:

IDAHO  
W 48395

6.

Signature



Date

3/16/07

Name (Typed or Printed)

Rodney Raabe, M.D.

Title

Member

Issued 01/02/2007

Do Not Tape or Staple

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