

No. W 32688		Due no later than Aug 31, 2006 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		1. Mailing Address: Correct in this box if needed. DERMA CARE, LLC DEENA ANDERSON 215 N 24TH ST BOISE ID 83702		DEENA M ANDERSON 102 S 17TH ST STE 301 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	DEENA M ANDERSON	215 N 24TH ST	BOISE	ID	83702		
MEMBER	CRAIG B ANDERSON	215 N 24TH ST	BOISE	ID	83702		
5. Organized Under the Laws of: IDAHO W 32688		6. Annual Report must be signed.* Signature: Deena M Anderson Name (type or print): Deena M Anderson					
		Date: 09/13/2006 Title: Owner					
Processed 09/13/2006		* Electronically provided signatures are accepted as original signatures.					