

No. W 32688	Due no later than August 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX DEENA M ANDERSON 102 S 17TH ST STE 301 100 BOISE, ID 83702
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 applicable DERMA CARE, LLC 215 N 24TH ST BOISE, ID 83702		3. <u>New</u> 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>
owner manager Deena Anderson	102 S. 17th St Ste 100	Boise	ID 83702
co-owner - member Craig Anderson	215 N 24th St	Boise	ID 83702
5. Organized Under the Laws of: IDAHO W 32688		6. Signature <u>Omander</u> Date <u>6-6-05</u> Name (Typed or Printed) <u>Deena Anderson</u> Title <u>Owner</u>	

Issued 06/01/2005

Do Not Tape or Staple

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