

No. W 32688	Due no later than August 31, 2005 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 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		DEENA M ANDERSON 102 S 17TH ST STE 100 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Members.																						
<table border="1"> <thead> <tr> <th data-bbox="320 378 541 419"><u>Office held</u></th> <th data-bbox="541 378 829 419"><u>Name</u></th> <th data-bbox="829 378 1338 419"><u>Street or P.O. Address</u></th> <th data-bbox="1338 378 1559 419"><u>City</u></th> <th data-bbox="1559 378 1714 419"><u>State</u></th> <th data-bbox="1714 378 1913 419"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="320 419 541 523">owner manager</td> <td data-bbox="541 419 829 523">Deena Anderson</td> <td data-bbox="829 419 1338 523">102 S. 17th St Ste 100</td> <td data-bbox="1338 419 1559 523">Boise</td> <td data-bbox="1559 419 1714 523">ID</td> <td data-bbox="1714 419 1913 523">83702</td> </tr> <tr> <td data-bbox="320 523 541 626">co-owner - member</td> <td data-bbox="541 523 829 626">Craig Anderson</td> <td data-bbox="829 523 1338 626">215 N 24th St</td> <td data-bbox="1338 523 1559 626">Boise</td> <td data-bbox="1559 523 1714 626">ID</td> <td data-bbox="1714 523 1913 626">83702</td> </tr> </tbody> </table>					<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
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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>																					