

No. W 30903	Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 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. <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
MANAGER	MICHAEL J TULLIS MD	333 N FIRST ST #280	BOISE	ID	83702
5. Organized Under the Laws of: IDAHO W 30903	6. Annual Report must be signed.* Signature: Michael J. Tullis Name (type or print): Michael J. Tullis Date: 06/06/2006 Title: Manager				
Processed 06/06/2006		* Electronically provided signatures are accepted as original signatures.			