No. W 21706	Due no later than Dec 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BO
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	KELLY CLARK
700 WEST JEFFERSON PO BOX 83720	ROCKN' K BAR C LLC	441 KRAHN LN
BOISE, ID 83720-0080	PO BOX 1832	MCCALL, ID 83638
NO FILING FEE IF RECEIVED BY DUE DATE	MCCALL, ID 83638	3. New Registered Agent Signature
 Limited Liability Compa 	anies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	<u>y State</u> Zip
MANAGER Keily	FCLARK P.O. BOX 1832 M L DAVIS P.O. BOX 756 M	State Zip SCAL ID 83638
MANAGE CANALLO	I DAUG PABON DEC MI	4CAII FD 83636
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5. Organized Under the Laws of:	6. M	1.2555
5. Organized Under the Laws of: IDAHO	6. Signature	Date 1-25-05
	6. Signature AUM Name Typed or Kelly F. CLAA	Date 1-25-05 2K Title MANAGER