

No. W 4622	Due no later than 9/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DAVID L WESCOTT 1257 MORNINGSIDE DR REXBURG ID 83440	
	BACKTRACKS, LLC DAVID L WESCOTT 1257 MORNINGSIDE DR REXBURG ID 83440		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 Zip
MANAGER	DAVID WESCOTT	1257 MORNINGSIDE DR.	REXBURG	ID 83440
ASSIST. MGR.	PAUL WESCOTT	1257 MORNINGSIDE DR	REXBURG	ID 83440
5. Organized Under the Laws of: ID W 4622		6. Annual Report must be signed Signature: <u>David Wescott</u> Date: <u>9/20/09</u> Name(type or print): <u>DAVID WESCOTT</u> Title: <u>MANAGER</u>		