

| No. W 18953 | Due no later than April 30, 2006 Annual Report Form | | 2. Registered Agent and Office NO PO BOX KIRK MILLER MD 1417 N 19TH ST 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 BACK JACK, LLC (THE) 1417 N 19TH ST BOISE, ID 83702 | | 3. <u>New</u> Registered Agent Signature | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>KIRK MILLER MD</td> <td>1417 N 19TH ST #</td> <td>BOISE</td> <td>ID</td> <td>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> | MANAGER | KIRK MILLER MD | 1417 N 19TH ST # | BOISE | ID | 83702 |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | |
| MANAGER | KIRK MILLER MD | 1417 N 19TH ST # | BOISE | ID | 83702 | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 18953 | | 6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature <u>Kirk A. Miller</u></td> <td style="width: 50%;">Date <u>2/17/6</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>KIRK A. MILLER MD</u></td> <td>Title <u>MANAGER</u></td> </tr> </table> | | Signature <u>Kirk A. Miller</u> | Date <u>2/17/6</u> | Name <small>(Typed or Printed)</small> <u>KIRK A. MILLER MD</u> | Title <u>MANAGER</u> | | | | | | | | |
| Signature <u>Kirk A. Miller</u> | Date <u>2/17/6</u> | | | | | | | | | | | | | | |
| Name <small>(Typed or Printed)</small> <u>KIRK A. MILLER MD</u> | Title <u>MANAGER</u> | | | | | | | | | | | | | | |

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