

<b>No. W 18953</b>	<b>Due no later than Apr 30, 2003 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable BACK JACK, LLC (THE)  1417 N 19TH ST  BOISE, ID 83702		KIRK MILLER MD 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 border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>KIRK A 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 A 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 A MILLER MD	1417 N 19TH ST	BOISE	ID	83702											
5. Organized Under the Laws of:  IDAHO W 18953		6. Signature <u>Kirk A. Miller</u> Date <u>6-6-3</u> Name <small>(Typed or Printed)</small> <u>KIRK A MILLER MD</u> Title <u>OWNER</u>														