| No. W 9262 | Due no later than Jul 31, 2001 | 2. Registered Agent and Office NO PO BO) |
|--|--|--|
| | Annual Report Form | JACK F MILLER |
| Return to: SECRETARY OF STATE | Mailing Address - Correct in this box, if applicable MEDICINE ELK VINYE, ELC | 940 S ASH AVE |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | JACK F MILLER 940 S ASH AVE | KUNA, ID 83634 |
| NO FILING FEE IF | KUNA, ID 83634 | 3. New Registered Agent Signature |
| RECEIVED BY DUE DATE | | |
| 4. Limited Liability Compa | nies: Enter Names and Addresses of Managers. | |
| Office held Name | | ity <u>State</u> <u>Zip</u> |
| | at the second second second second | 1-1 \22630 |
| Owner Jack E.M | uler 9405. S. ash are Ki | una 1d 83634 |
| OWNER Jack F.M. 5. Organized Under the Laws of: | | |
| Owner Jack E.M | | |