

No. W 18953	Due no later than April 30, 2005 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%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER 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>	OWNER 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>											
OWNER MANAGER	KIRK 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>2-11-05</u> Name <small>(Typed or Printed)</small> <u>KIRK A MILLER MD</u> Title <u>MANAGER/OWNER</u>														