No. W 84068 Return to:		Due no later than May 31, 2016 Annual Report Form		Registered Agent and Address (NO PO BOX) CHRIS STRAWN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WHISKEY RIVER LLC CHRIS STRAWN 1314 1ST ST S NAMPA ID 83651	NAMPA ID	1314 1ST ST SOUTH NAMPA ID 83651 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Con	npanies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	MARY BOOT	H 1314 1ST STREET SO	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Chris Strawn	Date: 04/24/2016				
W 84068		Name (type or print): Chris Strawn		Title: Member			
Processed 04/24/2016	ocessed 04/24/2016 * Electronically provided signatures are accepted as original signatures.						