

No. W 5830		Due no later than Mar 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DRAWKNIFE, LIMITED LIABILITY COMPANY (THE) JOHN HANSFORD 5146 N HWY 33 TETONIA ID 83452		JOHN HANSFORD 516 N HWY 33 TETONIA ID 83452			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOHN HANSFORD	104 BLACK BEAR DR	DRIGGS	ID	USA	83442	
5. Organized Under the Laws of: ID W 5830		6. Annual Report must be signed.* Signature: John Hansford Name (type or print): John Hansford Date: 04/16/2011 Title: Member					
Processed 04/16/2011		* Electronically provided signatures are accepted as original signatures.					