

No. W 5830		Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOHN HANSFORD	Street or PO Address 104 BLACK BEAR DR		City DRIGGS	State ID	Country USA	Postal Code 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.							