


No. W 84068	Due no later than May 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS STRAWN 1805 OVERLAND RD. MERIDIAN ID 83642 1314 1ST ST. SOUTH NAMPA ID. 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WHISKEY RIVER LLC 1314 1ST ST S NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> CHRIS STRAWN 1314 1ST ST. SO. NAMPA ID. CANYON. 83651			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> MARY BORTH 2018 W. Young ST - NAMPA ID. CANYON 83651			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 84068 </div>		6. Signature:  <hr/> Name (type or print): CHRIS STRAWN <div style="float: right; text-align: right;"> Date: 5/31/13 Title: mbr. </div>	
Issued 05/17/2013 by SLD		106179	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM