


No. W 134775 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Feb 28, 2017 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) KELLY S THOMASON 1100 SHORTCUT RD CRAIGMONT ID 83523 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. WOODY'S SPIRITS & FRIENDS, LLC KELLY S THOMASON PO BOX 51 CRAIGMONT ID 83523																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelly THOMASON</td> <td>PO Box 51 1000 Shortcut Rd.</td> <td>Craigmont</td> <td>ID</td> <td>USA</td> <td>83523</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelly THOMASON	PO Box 51 1000 Shortcut Rd.	Craigmont	ID	USA	83523	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 134775 </div>	6. Signature: <div style="text-align: center;">  <hr/> Name (type or print): Kelly THOMASON </div> <div style="text-align: right;"> Date: Feb 18 2017 Title: Owner </div>																																				
Issued 02/18/2017 by online																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM