

No. W 80501		Due no later than Jan 31, 2012 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. DRIFTERS DRAW LLC TAMI S KRAACK 21704 S LAKE ST MEDIMONT ID 83842		RICK KRAACK 21704 S LAKE ST MEDIMONT ID 83842			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	TAMI S KRAACK	21704 S LAKE ST	MEDIMONT	ID	USA	83842	
MEMBER	RICK L KRAACK	21704 S LAKE ST	MEDIMONT	ID	USA	83842	
5. Organized Under the Laws of: ID W 80501		6. Annual Report must be signed.* Signature: Tami S Kraack Name (type or print): Tami S Kraack					
		Date: 02/09/2012 Title: Member					
Processed 02/09/2012 * Electronically provided signatures are accepted as original signatures.							