No. **W 50251**	**Due no later than May 31, 2015** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DRAMAS, LLC JOHN C KISKA PO BOX 341 PARMA ID 83660	JOHN C KISKA 23 S. ROSWELL PARMA ID 83660 3. New 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	JOHN C KISKA	PO BOX 341	PARMA	ID		83660

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50251**	Signature: John Kiska	Date: 05/29/2015
	Name (type or print): John Kiska	Title: Owner

Processed 05/29/2015

* Electronically provided signatures are accepted as original signatures.