

No. W 108881	Due no later than Dec 31, 2012 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. SCHWISOW DRASHNER, LLC 10830 EXECUTIVE DR BOISE ID 83713	G DUSTY SCHWISOW 10830 EXECUTIVE DR BOISE ID 83713 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 5%;">City</th> <th style="width: 5%;">State</th> <th style="width: 5%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gerald (Dusty) Schwisow</td> <td>10830 Executive Drive</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83713</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Fred C. Drashner</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"/>	Gerald (Dusty) Schwisow	10830 Executive Drive	Boise	ID	USA	83713	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Fred C. Drashner						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: IDAHO W 108881	6. Signature: <u>Cindy B. Drashner</u> Date: <u>10/18/12</u> Name (type or print): <u>CINDY B. DRASHNER</u> Title: <u>Bookkeeper</u>																																				
Issued 10/16/2012 by DK1 110312																																					