

No. W 51972	Due no later than Jun 30, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARGARET L DRAKE 308 PIONEER RD HORSESHOE BEND ID 83629							
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. DRAKE'S ISLAND CROSSING, LLC MARGARET DRAKE 308 PIONEER RD HORSESHOE BEND ID 83629		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <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> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARGARET DRAKE 308 Pioneer R Horseshoe Bend Id Boise County									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert C DRAKE 109 Depot St Horseshoe Bend Id. Boise Co.									
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-size: large;"> IDAHO W 51972 </div>		6. Signature: <div style="font-family: cursive; font-size: large;"> Margaret L. Drake </div> Date: <div style="font-family: cursive; font-size: large;"> 4-24-12 </div>								
		Name (type or print): <div style="font-family: cursive; font-size: large;"> MARGARET L. DRAKE </div> Title: <div style="font-family: cursive; font-size: large;"> Manager </div>								
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