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| No. W 80501 | | Due no later than Jan 31, 2010 | | 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. DRIFTERS DRAW LLC TAMI S KRAACK 21704 S LAKE ST MEDIMONT ID 83842 | | RICK KRAACK 21704 S LAKE ST MEDIMONT ID 83842 | | | |
| | | | | 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: 01/01/2010 Title: Member | | | | | |
| Processed 01/01/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |