

No. <b>W 80501</b>		<b>Due no later than Jan 31, 2011 Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  DRIFTERS DRAW LLC TAMI S KRAACK 21704 S LAKE ST MEDIMONT ID 83842		RICK KRAACK 21704 S LAKE ST MEDIMONT ID 83842			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID W 80501</b>		6. Annual Report must be signed.*  Signature: Tami S Kraack Name (type or print): Tami S Kraack  Date: 02/08/2011 Title: Member					
Processed 02/08/2011 * Electronically provided signatures are accepted as original signatures.							