No. W 121996 Return to:		Due no later than Feb 28, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. RAINE, LLC LORAINE D DRISCOLL 2370 DEAN SUB RD AMERICAN FALLS ID 83211 USA			2. Registered Agent and Address (NO PO BOX) LORAINE DRISCOLL 2370 DEAN SUB RD AMERICAN FALLS ID 83211 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				A					
NO FILING FEE IF RECEIVED BY DUE DATE					•				
4. Limited Liability Compan	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	У	State	Country	Postal Code	
MANAGER	LORAINE D	DRISCOLL	2370 DEAN SUB RD.	AM	ERICAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Tamara Driscoll			Date: 01/11/2017				
W 121996		Name (type or print): Tamara Driscoll			Title: Controller				
Processed 01/11/2017	* Electronically provided signatures are accepted as original signatures.								