

No. W 69178		Due no later than Dec 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RAEVAN, LLC HOLLY R HOLMAN PO BOX 663 MEDICAL LAKE WA 99022-0663		ROB MOORE 204 E SHERMAN COEUR D'ALENE ID 83814-0663	
				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
MANAGER	CARNEY V HOLMAN	6804 E 8TH AVE	SPOKANE VALLEY	WA	99212
MANAGER	HOLLY R HOLMAN	PO BOX 663	MEDICAL LAKE	WA	99022-0663
5. Organized Under the Laws of: ID W 69178		6. Annual Report must be signed.* Signature: Holly R Holman Name (type or print): Holly R Holman Date: 10/13/2015 Title: Manager			
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.			