

No. W 69178		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: 10/26/2016 Title: Manager					
Processed 10/26/2016		* Electronically provided signatures are accepted as original signatures.					