

No. W 32453

Due no later than August 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

REAVILLE, LLC
PO BOX 1293
TWIN FALLS, ID

TED L REA
4142 SHOSHONE FALLS GRADE
TWIN FALLS, ID 83301

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	Ted L. Rea	4142 Shoshone Falls Gr.	Twin Falls,	ID	83301
Member	Dorothy B. Rea	4142 Shoshone Falls Gr.	Twin Falls,	ID	83301

5. Organized Under the Laws of:

IDAHO
W 32453

6.

Signature

Name (Typed or Printed)

Ted L. Rea

Date

18 July 07

Title Member

Issued 06/01/2007

Do Not Tape or Staple

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