

No. W 17958		Due no later than Feb 28, 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. TWO RAVENS HERBALS, LLC JAMES FLOCCHINI 205 CEDAR HOLLOW LN KOOSKIA ID 83539-5208 USA		JAMES FLOCCHINI 205 CEDAR HOLLOW LN KOOSKIA 83539-5208	
				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	JAMES FLOCCHINI	205 CEDAR HOLLOW LN.	KOOSKIA	ID	83539
5. Organized Under the Laws of: ID W 17958		6. Annual Report must be signed.* Signature: James Flocchini Name (type or print): James Flocchini Date: 01/30/2015 Title: Owner			
Processed 01/30/2015		* Electronically provided signatures are accepted as original signatures.			