No. **W 117420**	**Due no later than Sep 30, 2015** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** RAHIM TWIN FALLS LLC JEFFREY CLARK PO BOX 986 BLACKFOOT ID 83221	JEFFREY CLARK 209 NW MAIN ST BLACKFOOT ID 83221 3. New 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	FAHIM RAHIM	PO BOX 986	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 117420**	Signature: Jeff Clark Name (type or print): Jeff Clark	Date: 07/22/2015 Title: CPA

Processed 07/22/2015

* Electronically provided signatures are accepted as original signatures.