

No. W 32453	Due no later than Aug 31, 2012 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. REAVILLE, LLC TED L. REA PO BOX 1293 TWIN FALLS ID 83303-1293		TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301			
			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	TED L REA	4142 SHOSHONE FALLS GRADE	TWIN FALLS	ID	USA	83301
MEMBER	DOROTHY B REA	4142 SHOHSONE FALLS GRADE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 32453	6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman		Date: 08/01/2012 Title: Agent			
Processed 08/01/2012		* Electronically provided signatures are accepted as original signatures.				