No. **C 180170**	**Due no later than Sep 30, 2011**	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.** RAVENS, INC. TIM S FOLKE PO BOX 584 PAYETTE ID 83661	TIM FOLKE 11501 HWY 95 PAYETTE ID 83661 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	KURT R FOLKE	PO BOX 584	PAYETTE	ID	USA	83661-0584
SECRETARY	CAROLYN A FOLKE	PO BOX 584	PAYETTE	ID	USA	83661-0584
PRESIDENT	TIM S FOLKE	PO BOX 584	PAYETTE	ID	USA	83661-0584

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180170**	Signature: Tim Folke	Date: 07/14/2011
	Name (type or print): Tim Folke	Title: President

Processed 07/14/2011

* Electronically provided signatures are accepted as original signatures.