No. W 99635	D	Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEVE PETERSON 162 5TH AVE S TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RALA ENTERI LARREY D. A	1. Mailing Address: Correct in this box if needed. RALA ENTERPRISES, L.L.C. LARREY D. ANDERSON 752 FALLS VIEW DR TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS						
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	
	ANDERSON D. ANDERSON	752 Falls View 752 Falls View	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6. Annual Ro		rt must be signed.*					
ID	Signature: la	Signature: larrey anderson		Date: 01/11/2017			
W 99635	Name (type o	Name (type or print): larrey anderson		Title: owner			
Processed 01/11/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					