

No. **W 17958**

Due no later than February 29, 2008

Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TWO RAVENS HERBALS, LLC
~~RT 1 BOX 172~~ **205 cedar Hollow LN.**
KOOSKIA, ID 83539

2. Registered Agent and Office **NO PO BOX**

JAMES FLOCCHINI
~~RT 1 BOX 172~~ **205 cedar Hollow**
KOOSKIA, ID 83539 **LN.**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
owner	James Flocchini	205 cedar Hollow LN.	Kooskia.	ID.	83539
owner	Meryl Flocchini	205 cedar Hollow LN.	Kooskia	ID.	83539

5. Organized Under the Laws of:
IDAHO
W 17958

6.

Signature

Date

12/10/07

Name (Type or Printed)

James Flocchini

Title

owner

Issued 12/03/2007

Do Not Tape or Staple

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