

No. W 32453		Due no later than Aug 31, 2016		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. REAVILLE, LLC TED L REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301		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	83301
MEMBER	DOROTHY B REA	4142 SHOHSONE FALLS GRADE	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 32453		6. Annual Report must be signed.* Signature: dorothy rea Name (type or print): dorothy rea Date: 07/09/2016 Title: Member			
Processed 07/09/2016		* Electronically provided signatures are accepted as original signatures.			