

No. W 69178

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

RAEVAN, LLC
PO BOX 663
MEDICAL LAKE, WA 99022-0663ROB MOORE
204 E SHERMAN
COEUR D ALENE, ID 83814-0663NO FILING FEE IF
RECEIVED BY DUE DATE3. 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>
MANAGERS	HOLLY HOLMAN	P.O. Box 663	MEDICAL LAKE	WA	99022
MANAGERS	CARNEY HOLMAN	E. 6804 8th AVE	SPOKANE VALLEY	WA	99212

5. Organized Under the Laws of:

IDAHO
W 69178

6.

Signature Holly Holman Date 10/20/08Name (Typed or Printed) HOLLY HOLMAN Title MANAGER

Issued 10/01/2008

Do Not Tape or Staple

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