

No. W 17958	Due no later than Feb 28, 2018 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. TWO RAVENS HERBALS, LLC JAMES FLOCCHINI 612 N. 6TH AVE. SANDPOINT ID 83864-1527		JAMES FLOCCHINI 612 N. 6TH AVE. SANDPOINT ID 83864-1527			
			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	JAMES FLOCCHINI	612 N. 6TH AVE.	SANDPOINT	ID		83864-1527
5. Organized Under the Laws of: ID W 17958	6. Annual Report must be signed.* Signature: James Flocchini Name (type or print): James Flocchini		Date: 01/18/2018 Title: Owner/member			
Processed 01/18/2018		* Electronically provided signatures are accepted as original signatures.				