No. **W 69178**	**Due no later than Dec 31, 2017** **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.** RAEVAN, LLC HOLLY R HOLMAN PO BOX 663 MEDICAL LAKE WA 99022-0663	ROB MOORE 204 E SHERMAN COEUR D'ALENE ID 83814-0663 3. New 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
MANAGER	CARNEY V HOLMAN	6804 E 8TH AVE	SPOKANE VALLEY	WA		99212
MANAGER	HOLLY R HOLMAN	PO BOX 663	MEDICAL LAKE	WA		99022-0663

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 69178**	Signature: Holly R Holman	Date: 10/30/2017
	Name (type or print): Holly R Holman	Title: Manager

Processed 10/30/2017

* Electronically provided signatures are accepted as original signatures.