

No. W 17958		Due no later than Feb 28, 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JAMES FLOCCHINI	Street or PO Address 612 N. 6TH AVE.		City SANDPOINT	State ID	Country	Postal Code 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: 02/26/2017 Title: Owner					
Processed 02/26/2017 * Electronically provided signatures are accepted as original signatures.							