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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|---------------------|
| No. <b>W 121996</b>                                                                                                                                    |                    | <b>Due no later than Feb 28, 2014</b>                                                                                                                                                    |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RAINE, LLC<br>LORAINÉ D DRISCOLL<br>2370 DEAN SUB RD<br>AMERICAN FALLS ID 83211<br>USA |                | LORAINÉ DRISCOLL<br>2370 DEAN SUB RD<br>AMERICAN FALLS ID 83211 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                          |                | 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 |
| MANAGER                                                                                                                                                | LORAINÉ D DRISCOLL | 2370 DEAN SUB RD.                                                                                                                                                                        | AMERICAN FALLS | ID                                                              | USA 83211           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 121996</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Tamara D Driscoll<br>Name (type or print): Tamara D Driscoll<br>Date: 12/19/2013<br>Title: Auditor                                       |                |                                                                 |                     |
| Processed 12/19/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                |                |                                                                 |                     |