

No. W 32453		Due no later than Aug 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. REAVILLE, LLC TED L. REA PO BOX 1293 TWIN FALLS ID 83303-1293		TED L. REA 4142 SHOSHONE FALLS GRADE TWIN FALLS ID 83301			
				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	TED L. REA	4142 SHOSHONE FALLS GRADE	TWIN FALLS	ID	USA	83301	
MEMBER	DOROTHY B. REA	4142 SHOHSONE FALLS GRADE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 32453		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 08/27/2013 Title: Agent					
Processed 08/27/2013		* Electronically provided signatures are accepted as original signatures.					