

No. W 63560	Due no later than Jun 30, 2009 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.		KENNETH B DOLA 217 2ND AVE LEWISTON ID 83501			
	OASIS TREE CARE, LLC KENNETH DOLA 217 2ND AVE LEWISTON ID 83501		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	KENNETH B DOLA	217 2ND AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 63560		6. Annual Report must be signed.* Signature: Kenneth B. Dola Name (type or print): Kenneth B. Dola		Date: 05/04/2009 Title: Owner		
Processed 05/04/2009		* Electronically provided signatures are accepted as original signatures.				