| No. C 58862  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                  | Due no later than Jul 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OAK TREES, INC. KATHY L ZORC  18897 FLAT CREEK RD LEMMON SD 57638 |                                                                                     | 2. Registered A                          | 2. Registered Agent and Address (NO PO BOX)  MARK JONES 323 S PINES SANDPOINT ID 83864  3. New Registered Agent Signature:* |                          |                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------|--|
|                                                                                                                                         |                                  |                                                                                                                                                                          |                                                                                     | 323 S PINES<br>SANDPOINT                 |                                                                                                                             |                          |                                                 |  |
| 4. Corporations: Ente                                                                                                                   | er Names and Busin               | ess Addresses of                                                                                                                                                         | President, Secretary, and Directors. Treas                                          | surer (optional).                        |                                                                                                                             |                          |                                                 |  |
| Office Held                                                                                                                             | Name                             |                                                                                                                                                                          | Street or PO Address                                                                | City                                     | State                                                                                                                       | Country                  | Postal Code                                     |  |
| DIRECTOR<br>SECRETARY<br>DIRECTOR<br>PRESIDENT                                                                                          | Y KATHY L ZORC<br>GINGER L OLSON |                                                                                                                                                                          | 23996 SNOWBERRY CT<br>18897 FLAT CREEK RD<br>502 ASPEN DR.<br>51 HORSESHOE HILLS RD | CORONA<br>LEMMON<br>SPEARFISH<br>BUFFALO | CA<br>SD<br>SD<br>WY                                                                                                        | USA<br>USA<br>USA<br>USA | 92883<br>57638-7367<br>57783-7367<br>82834-7367 |  |
| 5. Organized Under the Laws of:  DE  C 58862                                                                                            |                                  | 6. Annual Report must be signed.* Signature: Kathy L. Zorc Name (type or print): Kathy L. Zorc                                                                           |                                                                                     |                                          | Date: 06/12/2017 Title: Secretary                                                                                           |                          |                                                 |  |
| Processed 06/12/201                                                                                                                     | 17                               | * Electronically p                                                                                                                                                       | rovided signatures are accepted as origina                                          | al signatures.                           |                                                                                                                             |                          |                                                 |  |