No. <b>W 76563</b> Return to:		Due no later than Aug 31, 2015 Annual Report Form			Registered Agent and Address (NO PO BOX)     LYNETTE LIVESAY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ARCO OASIS LLC LYNETTE LIVESAY 320 N WATER ST ARCO ID 83213		320 N WAT ARCO ID	320 N WATER ST ARCO ID 83213  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter N	ames and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	RUSSELL V	'. LIVESAY	2404 WEST US HWY 93	ARCO	ID	USA	83213	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76563		Signature: Rus		Date: 07/28/2015				
		Name (type or		Title: Manager				
Processed 07/28/2015	Processed 07/28/2015 * Electronically provided signatures are accepted as original signatures.							