No. W 66159		Due no later than Aug 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		921 S ORCHARD ST STE G BOISE ID 83705			
		OAKS II MANAGEMENT, LLC (THE) JOSEPH KIRTON PETERSON 148 BLUE LAKES BLVD N, NO 103		USA			
		TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of	at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	JOSEPH KIR	TON PETERSON	148 BLUE LAKES BLVD N. NO 103	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 66159		Signature: Joseph Kirton Peterson		Date: 07/14/2014			
		Name (type or pri	Title: Manager				
Processed 07/14/2014	_	* Electronically provide	ded signatures are accepted as original si	gnatures.			