

No. <b>W 34755</b>		<b>Due no later than Nov 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  O-K GRAVEL WORKS, LLC WADE OLSON PO BOX 1569 CASCADE ID 83611 USA		WADE OLSON 102 BOGIE ST CASCADE ID 83611			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name WADE OLSON	Street or PO Address P. O. BOX 1569		City CASCADE	State ID	Country USA	Postal Code 83611
5. Organized Under the Laws of:  <b>ID</b> <b>W 34755</b>		6. Annual Report must be signed.*  Signature: Wade Olson Name (type or print): Wade Olson  Date: 10/20/2009 Title: Member					
Processed 10/20/2009      * Electronically provided signatures are accepted as original signatures.							