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|--|-----------------|---|-------------|--|---------|-------------|--|
| No. W 91591 | | Due no later than Mar 31, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OXNAM'S LLC DERRICK OXNAM 4 LUPINE DR APT A GRANGEVILLE ID 83530 | | DERRICK OXNAM 4 LUPINE DR APT A GRANGEVILLE ID 83530 | | | |
| | | | | 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 | DERRICK G OXNAM | 4 LUPINE DR. APT A | GRANGEVILLE | ID | USA | 83530 | |
| 5. Organized Under the Laws of: ID W 91591 | | 6. Annual Report must be signed.* Signature: Derrick Oxnam Name (type or print): Derrick Oxnam Date: 01/14/2011 Title: Manager | | | | | |
| Processed 01/14/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |