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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 2594</b>                                                                                                                                      |                | Due no later than Jun 30, 2014                                                                                                                                                                  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PENNSYLVANIA OKC LLC<br>ROB DICKINSON<br>855 BROAD STREET<br>SUITE 300<br>BOISE ID 83702-7154 |       | GARY R HAWKINS<br>855 BROAD ST.<br>SUITE 300<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                                 |       | 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                                                                                                                                                | GARY R HAWKINS | 855 W BROAD STREET SUITE 300                                                                                                                                                                    | BOISE | ID                                                             | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 2594</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Rob Dickinson<br>Name (type or print): Rob Dickinson<br>Date: 04/21/2014<br>Title: Authorized Agent                                             |       |                                                                |         |             |  |
| Processed 04/21/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |       |                                                                |         |             |  |