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| No. <u>W 691</u> | Annual Report Form Due No Later Than November 30, <u>1996</u> | | 2. Registered Agent and Office NOT A P.O. BOX | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED | 1. Mailing Address - Please Correct, If Not Correct <u>OAKSTONE, L.L.C.</u> <u>HALLI H STONE</u> <u>305 EASTVIEW</u> | | <u>HALLI H STONE</u> <u>305 EASTVIEW</u> <u>IDAHO FALLS ID 83401</u> | |
| * FIRST NOTICE * | | <u>IDAHO FALLS</u> | <u>ID 83401</u> | 3. Organized Under the Laws of: <u>ID</u> |
| 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> |
| | <u>Halli H. Stone</u> | <u>305 East View</u> | <u>Idaho Falls</u> | <u>ID</u> |
| | <u>Patricia H. Oak</u> | <u>832 E. 1415 No.</u> | <u>Shelley</u> | <u>ID</u> |
| 5. SIGNATURE OF CURRENT RA <u>Halli H. Stone</u> | | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Halli H. Stone</u> Date <u>15 July 1996</u> Name (Typed or Printed) <u>Halli H. Stone</u> Title <u>Manager</u> | | |

ISSUED: 07-08-1995

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