

No. W 8795	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX TOM ARAVE 1395 NW MAIN BLACKFOOT, ID 83221												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable OAKRIDGE INVESTMENTS, LLC TOM ARAVE 1395 NW MAIN BLACKFOOT, ID 83221		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">MANAGER</td> <td style="border-bottom: 1px solid black;">Tom ARAVE</td> <td style="border-bottom: 1px solid black;">1395 NW MAIN</td> <td style="border-bottom: 1px solid black;">BLACKFOOT</td> <td style="border-bottom: 1px solid black;">ID.</td> <td style="border-bottom: 1px solid black;">83221</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	Tom ARAVE	1395 NW MAIN	BLACKFOOT	ID.	83221
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MANAGER	Tom ARAVE	1395 NW MAIN	BLACKFOOT	ID.	83221										
5. Organized Under the Laws of: IDAHO W 8795		6. Signature <u>Tom ARAVE</u> Date <u>3/7/05</u> Name <small>(Typed or Printed)</small> <u>TOM ARAVE</u> Title <u>MANAGER</u>													

Issued 03/01/2005

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