

No. W 8795	Due no later than May 31, 2004 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. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Tom Arave</td> <td>1395 NW Main</td> <td>Blackfoot</td> <td>Id</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Tom Arave	1395 NW Main	Blackfoot	Id	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
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5. Organized Under the Laws of: IDAHO W 8795		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Signature <u>Tom Arave</u></td> <td style="width: 50%;">Date <u>3/8/04</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>TOM ARAVE</u></td> <td>Title <u>MANAGER</u></td> </tr> </table>		Signature <u>Tom Arave</u>	Date <u>3/8/04</u>	Name <small>(Typed or Printed)</small> <u>TOM ARAVE</u>	Title <u>MANAGER</u>								
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