

No. W 8795	Due no later than May 31, 2006		2. Registered Agent and Office 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		TOM ARAVE													
	1. Mailing Address - Correct in this box, if applicable OAKRIDGE INVESTMENTS, LLC TOM ARAVE 1395 NW MAIN BLACKFOOT, ID 83221		1395 NW MAIN BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>TOM ARAVE</td> <td>1395 NW MAIN</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</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>	MANAGER	TOM ARAVE	1395 NW MAIN	BLACKFOOT	ID	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
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>5/1/06</u> Name <small>(Typed or Printed)</small> <u>TOM ARAVE</u> Title <u>MANAGER</u>														