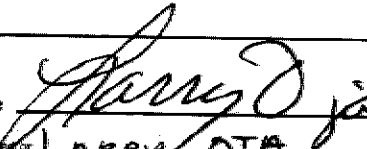
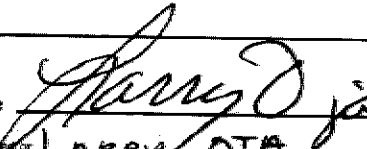
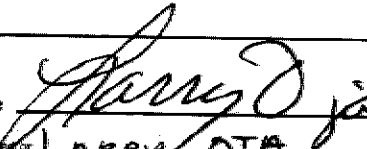


NO. * 5312		Annual Report Form 1998		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **		Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct OJA'S LLC LARRY OJA 10990 N OLD HWY 191 MALAD ID 83252		LARRY OJA 10990 N OLD HWY 191 MALAD ID 83252 3. Organized Under the Laws of: ID W 5312													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)																	
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Manager</td><td>LARRY OJA</td><td>10990 N. OLD Hwy 191</td><td>MALAD</td><td>ID.</td><td>83252</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	Manager	LARRY OJA	10990 N. OLD Hwy 191	MALAD	ID.	83252
Office held	Name	Street or P.O. Address	City	State	Zip												
Manager	LARRY OJA	10990 N. OLD Hwy 191	MALAD	ID.	83252												
5. Signature of New Registered Agent		6. <table border="1"><tr><td>Signature</td><td></td><td>Date</td><td colspan="2">Oct 13 1998</td></tr><tr><td>Name (Type or Printed)</td><td>LARRY OJA</td><td>Title</td><td colspan="2">MANAGER</td></tr></table>				Signature		Date	Oct 13 1998		Name (Type or Printed)	LARRY OJA	Title	MANAGER			
Signature		Date	Oct 13 1998														
Name (Type or Printed)	LARRY OJA	Title	MANAGER														
ISSUED: 10-03-1998		DO NOT TARE OR STAPLE															