No. <b>W 76563</b>		Due no later than Aug 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ARCO OASIS LLC LYNETTE LIVESAY 320 N WATER ST ARCO ID 83213		320 N WA ARCO ID	LYNETTE LIVESAY 320 N WATER ST ARCO ID 83213-8321  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: I	Enter Nar	nes and Addresses	of at least one Member or Manager.					
Office Held Nam	ne		Street or PO Address	City	State	Country	Postal Code	
MANAGER RUS	SSELL V.	LIVESAY	320	ARCO	ID	USA	83213	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 76563		Signature: Russ		Date: 08/13/2017				
		Name (type or		Title: Manager				
Processed 08/13/2017		* Electronically provided signatures are accepted as original signatures.						