

No. <b>W 63560</b>	<b>Due no later than Jun 30, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		KENNETH B DOLA 217 2ND AVE LEWISTON ID 83501			
	OASIS TREE CARE, LLC KENNETH DOLA 217 2ND AVE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KENNETH B DOLA	217 2ND AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 63560</b>		6. Annual Report must be signed.* Signature: Kenneth Dola Name (type or print): Kenneth Dola Date: 06/29/2008 Title: Manager				
Processed 06/29/2008		* Electronically provided signatures are accepted as original signatures.				