

|  |                   |   |       |   |         |             |  |
|--|-------------------|---|-------|---|---------|-------------|--|
| No. <b>W 75955</b>   |                   | <b>Due no later than Jul 31, 2013</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>OIKOS, LLC.<br>PETER W JOHANSON<br>1205 NORTH BENEWAH ST<br>NAMPA ID 83651<br>USA |       | PETER W JOHANSON<br>1205 NORTH BENEWAH ST<br>NAMPA ID 83651 |         |             |  |
|  |                   |   |       | 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 |  |
| MEMBER   | TRACIE K JOHANSON | 1205 NORTH BENEWAH STREET   | NAMPA | ID  | USA     | 83651       |  |
| MEMBER   | PETER W JOHANSON  | 1205 NORTH BENEWAH STREET   | NAMPA | ID  | USA     | 83651       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 75955</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Peter Johanson<br>Name (type or print): Peter Johanson  |       |   |         |             |  |
|  |                   | Date: 05/21/2013<br>Title: Member   |       |   |         |             |  |
| Processed 05/21/2013   |                   | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |