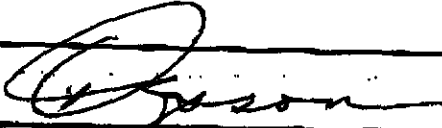
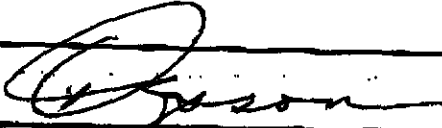
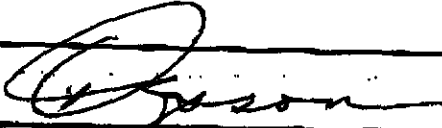


No. W 75366		Due no later than Jun 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) OAKLEY THOMPSON 977 S LAKEVIEW DR COEUR D'ALENE ID 83814																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. VENTURES NORTHWEST LLC. OAKLEY THOMPSON 977 S LAKEVIEW DR COEUR D'ALENE ID 83814 USA		3. New Registered Agent Signature.																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																							
<table border="1"><thead><tr><th>Manager or Member Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager Member (circle one)</td><td colspan="5"></td></tr><tr><td></td><td>Oakley Thompson</td><td>977 S. Lakeview Dr.</td><td>CDA</td><td>ID</td><td>USA 83814</td></tr></tbody></table>						Manager or Member Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)							Oakley Thompson	977 S. Lakeview Dr.	CDA	ID	USA 83814
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	Oakley Thompson	977 S. Lakeview Dr.	CDA	ID	USA 83814																		
5. Organized Under the Laws of: IDAHO W 75366		6. <table border="1"><tr><td>Signature: </td><td>Date: 6/30/11</td></tr><tr><td>Name (type or print): Oakley Thompson</td><td>Title: owner</td></tr></table>				Signature: 	Date: 6/30/11	Name (type or print): Oakley Thompson	Title: owner														
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Issued 04/20/2011 by DK1																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM