No. <b>C 63427</b>		Due no later than Mar 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OAKHAVEN, INC. BONITA WAGGONER 728 PARKSIDE WAY NAMPA ID 83686		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				3.	BONITA WAGGONER 728 PARKSIDE WAY NAMPA 83686  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ame		Street or PO Address	C	City	State	Country	Postal Code
SECRETARY BONITA K W			728 PARKSIDE WAY		IAMPA	ID	USA	83686
DIRECTOR LINDA GOER			10596 JOHNSTON LANE		1ELBA	ID	USA	83641
DIRECTOR WINSTON K			10596 JOHNSTON LANE		1ELBA	ID	USA	83641
PRESIDENT W	/ESLEY A \	VAGGONER	728 PARKSIDE WAY	N	IAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 63427		Signature: Wesley Waggoner			Date: 01/22/2015			
		Name (type or print): Wesley Waggoner			Title: President			
Processed 01/22/2015 * Electronically provided signatures are accepted as original signatures.								