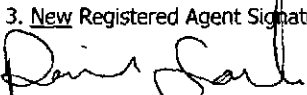



No. <b>W 130995</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/10/2015</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> PAIGE SANDERS 2743 MT HARRISON DR BURLEY ID 83318																																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					<b>1. Mailing Address: Correct in this box if needed.</b> OAKLEY VENTURES, L.L.C. 2743 MT HARRISON DR BURLEY ID 83318																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Statten Sanders</td> <td>2743 MT Harrison Dr</td> <td>Burley</td> <td>ID</td> <td>US</td> <td>83318</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Statten Sanders	2743 MT Harrison Dr	Burley	ID	US	83318	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							<b>3. New Registered Agent Signature.</b> 				
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 130995</b>		<b>6. Signature:</b>  <b>Name (type or print):</b> Paige Sanders				<b>Date:</b> 08/20/2015  <b>Title:</b> Agent																																			
		Issued 08/19/2015 by online																																							

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**