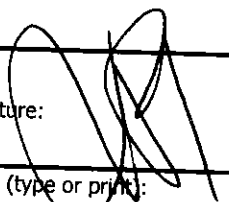


No. W 66157	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. OAKS II, LLC (THE) JOSEPH KIRTON PETERSON 148 BLUE LAKES BLVD. N, NO 103 TWIN FALLS ID 83301		3. <u>New</u> 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</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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>The Oaks II Management, LLC</td> <td>148 Blue Lakes Blvd N. #103,</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Joseph Kirton Peterson</td> <td>148 Blue Lakes Blvd. N. #103,</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	The Oaks II Management, LLC	148 Blue Lakes Blvd N. #103,	Twin Falls,	ID		83301	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joseph Kirton Peterson	148 Blue Lakes Blvd. N. #103,	Twin Falls,	ID		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 66157	6. Signature:  Name (type or print): <u>Joseph Kirton Peterson</u>			Date: <u>11/17/16</u> Title: <u>manager</u>																																		

Issued 11/17/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM