No. **W 60218**	**Due no later than Mar 31, 2010** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** O. JACKSON LLC OMA DIXON 1572 MOUNTAIN ROSE IDAHO FALLS ID 83402 USA	OMA J DIXON 1572 MOUNTAIN ROSE IDAHO FALLS ID 83402 3. New 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
MANAGER	OMA J DIXON	1572 MOUNTAIN ROSE	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 60218**	Signature: Oma Dixon	Date: 04/11/2010
	Name (type or print): Oma Dixon	Title: Manager

Processed 04/11/2010

* Electronically provided signatures are accepted as original signatures.