ond J	NOTIC	E: After Octol	ability Com	pany Will I	Be Dis	solved On O	r			
LILETE	DLB T NNUA R 1.9	Due To Rei	Instate: \$70	3.75	I I	IT OF IT E	3			F1L 97 SEP -2
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							1			ED ES
1. Name and Malling Address of Limited Liability Company DOCUMENT #L9600000263							_	_	원자 근	5:
							1a. Principal Place of Business Address (10550 SW ALLEN BLVD. SUITE 100 BEAVERTON OR 97005			
ti above m 2. Principa		information and enter correction in Block 2a. g Address			3. Date Organized or Qualified 3s. State of Formation					
Suite, Apt. #, etc. Suite, Apt.				# etc			03/08/19	96	FL	_
Suite, Apr. #, sic.							4. FEI Number	-		Applied For
City & State City & State				le .				200467		Not Applicable
Zip		Country	Zip		Count	у	5. Date of Last	Report		cate of Status Desired
	and Address of Curre	Agent Name			8. Name and Address of New Registered Agent			gent		
1201	SERVICE , TREET FL 32301	Street Address (P			P.O. Box Number is Not Acceptable)					
		City				Zip Code				
its register as register	red office or regi red agent, and	sions of Sections 608.41 Istered agent, or both, in accept the obligations.	6 and 608.508, the State of Flor	Florida Statute ida. Such chan	es, the al	oove-named limite uthorized by affirm	d liability company ative vote of a major	submits this state ity of the membe	rs. Thereby a	accept the appointment
SIGNATU		OTE Registered Agent signature required when reinstaling								
10. Title	Managing Members/Managers			Business Street Address			· · · · · · · · · · · · · · · · · · ·	City	, State and	Zip Code
MGRM	BARNARI	D, JAMES		10550 S	SW A	LLEN BLV	D., #100	BEAVERT	ON OF	ર
							60	0002 -09/0 *****	2 85 57970 203.75	59262 01094010 ****203.75
*	<u>.</u>								<u>. </u>	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: James Barnard James BARNARD 8-12-97 503-641-8337

BARUS INVESTMENTS LLC

10550 SW Allen Blvd. #100 • Beaverton, Oregon 97005 (503) 641-8337 • Fax (503) 641-5221

FILED 797 SEP -2 PH 2903 SECRETARY OF STATE SECRETARY OF SECRETARY OF

Division of Corporations Annual Reports Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam,

This letter is concerning the 2nd notice BaRus Investments just received regarding our annual report filing. We have been expecting a notice of billing for quite some time, since our anniversary date was back on the 8th of March. It is now the 12th of August and we just received a bill. We never received our 1st notice informing us of the amount due. BaRus Investments has no problem with paying on time we just need a bill to due so. We have enclosed a check for the amount of \$203.75 to cover our annual filing fees. This amount does not include the \$385.00 late fee. It has been five months since our anniversary date and this is the first notice informing us of the amount due. If we have overlooked something which could have caused this delay, we were unaware of it and will pay the additional late fees. If by chance this delay took place on your end, we will consider this check sufficient and BaRus Investments up to date. If you have any questions please contact us at the above number.

Sincerely,

James Barnard, Manager