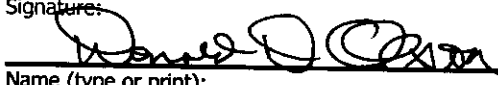
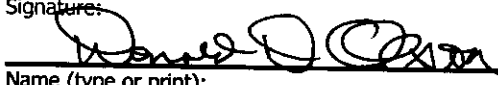
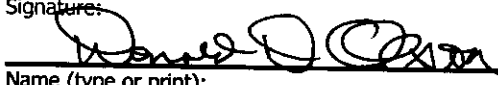


No. <b>W 38505</b>	Due no later than Apr 30, 2013 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DONALD D OLSON 567 OAKHAMPTON EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b>  TRIPLE O LLC DONALD D OLSON 567 OAKHAMPTON EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Donald D + Sarah A Olson - 567 Oakhampton - Eagle, Id. 83616					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Benjamin D. + Shannon M. Olson - 2151 Cambridge Ave. - Cardiff, Ca. 92007					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roger C. + Jana R. Olson - 5690 N. Applebrook Way - Boise, Id. 83713					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 38505</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u></u>            Name (type or print): <u>DONALD D OLSON</u> </td> <td style="width: 40%;">           Date: <u>3-7-13</u>            Title: <u>member</u> </td> </tr> </table>	Signature: <u></u> Name (type or print): <u>DONALD D OLSON</u>	Date: <u>3-7-13</u> Title: <u>member</u>
Signature: <u></u> Name (type or print): <u>DONALD D OLSON</u>	Date: <u>3-7-13</u> Title: <u>member</u>		

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