

No. <b>W 57100</b>		<b>Due no later than Dec 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  OLE #2 LLC ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854		ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ROBERT M OVNICEK	Street or PO Address 4358 POLELINE AVE		City POST FALLS	State ID	Country USA	Postal Code 83854
5. Organized Under the Laws of:  <b>ID</b> <b>W 57100</b>		6. Annual Report must be signed.*  Signature: Robert M. Ovnicek Name (type or print): Robert M. Ovnicek  Date: 11/30/2011 Title: Managing Member					
Processed 11/30/2011 * Electronically provided signatures are accepted as original signatures.							