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| No. W 57100 | | Due no later than Dec 31, 2011 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OLE #2 LLC ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854 | | ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854 | |
| | | | | 3. <u>New</u> 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 |
| MEMBER | ROBERT M OVNICEK | 4358 POLELINE AVE | POST FALLS | ID | USA 83854 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 57100 | | 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. | | | |