| No. C 85072 | Due no later than Oct 31, 2008 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|---|---|--|---------|-------------|--|
| Return to: | Annual Report Form | TOM OLSEN | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | 1. Mailing Address: Correct in this box if needed. | | 10749 HIGHWAY 75 BELLEVIEW ID 83313 | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | OLSEN LIVESTOCK CONSULTANTS, INC. TOM OLSEN PO BOX 1145 | | | | | |
| | BELLEVUE ID 83313 | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY TRACY OLS | EN PO BOX 1145 | BELLEVUE | ID | USA | 83313 | |
| PRESIDENT TOM OLSEN | PO BOX 1145 | BELLEVUE | ID | USA | 83313 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID | Signature: Tom Olsen | Date: 11/09/2008 | | | | |
| C 85072 | Name (type or print): Tom Olsen | | Title: President | | | |
| Processed 11/09/2008 | * Electronically provided signatures are accepted as original signatures. | | | | | |