No. W 5174 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D OLIVE 1135 MICHIGAN AVE OROFINO ID 83544 3. New Registered Agent Signature.
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OLIVE FAMILY LLC (THE) ROBERT D OLIVE 1135 MICHIGAN AVE OROFINO ID 83544	
REINSTATEMENT FEE DUE: \$30.00		·
A. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager of Member Name Street or PO Address City State Country Postal Code		
Manager Member (circle one) Robert D	Olive NSS metugungangan	ve ovotino Zi ust 83644
IDAHO W 5174	signature Plen O O	Date: 3.23. 12
	Name (type or print): Rebert D 01	Date: 3.23.12 Managor Title:
Issued 03/19/2012 by SLD		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.