

|  |  |  |  |       |         |             |
|--|--|--|--|-------|---------|-------------|
| No. <b>W 57129</b>   | <b>Due no later than Dec 31, 2011</b><br><b>Annual Report Form</b>       |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>                |  | ROBERT M OVNICEK<br>4358 E POLELINE<br>POST FALLS ID 83854 |       |         |             |
|  | OLE #3 LLC<br>ROBERT M OVNICEK<br>4358 E POLELINE<br>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 E POLELINE  | POST FALLS   | ID    | USA     | 83854       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57129</b>   |  | 6. Annual Report must be signed.*<br>Signature: Robert M. Ovnicek<br>Name (type or print): Robert M. Ovnicek<br>Date: 11/30/2011<br>Title: Managing Member |  |       |         |             |
| Processed 11/30/2011   |  | * Electronically provided signatures are accepted as original signatures.  |  |       |         |             |