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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 98400</b>                                                                                                                                     |                 | <b>Due no later than Dec 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>OLE'S LLC<br>BRYAN HARRIS<br>PO BOX 30<br>SUGAR CITY ID 83448 |            | BRYAN HARRIS<br>5 EAST CENTER<br>SUGAR CITY ID 83448 |         |                       |  |
|                                                                                                                                                        |                 |                                                                                                                                                                 |            | 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                                                                                                                                                 | NICOLE MALSTROM | 2094 E 3000 E                                                                                                                                                   | SUGAR CITY | ID                                                   | USA     | 83448                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                               |            |                                                      |         |                       |  |
| <b>ID<br/>W 98400</b>                                                                                                                                  |                 | Signature: Danny Christensen                                                                                                                                    |            |                                                      |         | Date: 12/04/2015      |  |
|                                                                                                                                                        |                 | Name (type or print): Danny Christensen                                                                                                                         |            |                                                      |         | Title: Office Manager |  |
| Processed 12/04/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                       |            |                                                      |         |                       |  |