No. W 57012	ı	Due no later than Dec 31, 2008 Annual Report Form 1. Mailing Address: Correct in this box if needed. MOUNT OLIVE, LLC SANGIAH ARULRAJ 1489 THREE FOUNTAINS DR IDAHO FALLS ID 83404		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MOUNT OLI SANGIAH A 1489 THREE			SANGIAH ARULRAJ 1489 THREE FOUNTAINS DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SANO	GIAH ARULRAJ CE ARULRAJ	1489 THREE FOUNTAINS DR 1489 THREE FOUNTAINS DR	IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404 83404	
5. Organized Under the Laws of	: 6. Annual Rep	6. Annual Report must be signed.*					
ID	Signature: 9	Signature: Sangiah Arulraj		Date: 11/17/2008			
W 57012	Name (type	Name (type or print): Sangiah Arulraj		Title: Manager			
Processed 11/17/2008	* Electronically	* Electronically provided signatures are accepted as original signatures.					