

No. 77 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Limited Liability Company Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — Please Correct, If Not Correct OLSON SALES L.C. WINSTON V BEARD 683 N CAPITAL AVE IDAHO FALLS ID 83402	2. Registered Agent and Office WINSTON V BEARD 683 N CAPITAL AVE IDAHO FALLS ID 83402 3. Organized Under The Laws of ID NO: 77										
4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>WINSTON V. BEARD</td> <td>P.O. BOX 51718</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83405-1718</td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	WINSTON V. BEARD	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>								
WINSTON V. BEARD	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718								
5. Signature of the Current Registered Agent (if changed in block 2) _____	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Winston V. Beard</u> Date <u>9/23/94</u> Name (Typed or Printed) <u>WINSTON V. BEARD</u>											