No. L 3287 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. WH & ME OLSON FAMILY FARM LIMITED PARTNERSHIP MICHAEL LEE OLSON 360 TYLER RD PLUMMER ID 83851			2. Registered Agent and Address (NO PO BOX)			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				360 TYLER RD				
NO FILING FEE IF RECEIVED BY DUE DATE				J				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	MICHAEL LE	E OLSON	1343 LAVEROCK LN	ALAMO	CA	USA	94507-1213	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
RI L 3287		Signature: Michael L Olson Date: 11/17/2013			013			
		Name (type or print): Michael L Olson Title: General Partner						
Processed 11/17/2013	1/17/2013 * Electronically provided signatures are accepted as original signatures.							