

No. L 3287		Due no later than Dec 31, 2009		Annual Report Form				2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WH & ME OLSON FAMILY FARM LIMITED PARTNERSHIP EVELYN OLSON 360 TYLER RD PLUMMER ID 83851		EVELYN OLSON 360 TYLER RD PLUMMER ID 83851				3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address		City	State	Country	Postal Code		
GENERAL PARTNER	MARY EVELYN OLSON	RR 1 BOX 63		PLUMMER	ID	USA	83851		
5. Organized Under the Laws of: RI L 3287		6. Annual Report must be signed.* Signature: Evelyn Olson Name (type or print): Evelyn Olson							
Processed 10/21/2009		Date: 10/21/2009 Title: Partner							
* Electronically provided signatures are accepted as original signatures.									