No. W 179935 Return to:		_	Annual Report Form 1. Mailing Address: Correct in this box if needed. OLLIE MULE LLC STUART WALSH PO BOX 557		2. Registered Agent and Address (NO PO BOX) STUART WALSH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		OLLIE MULI STUART V PO BOX 55			1479 W CRENSHAW ST KUNA ID 83634 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter	Names and Addre	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	STUART	WALSH	1479 W. CRENSHAW ST.	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature:	Signature: Stuart Walsh		Date: 01/29/2018			
W 179935		Name (typ	e or print): Stuart Walsh	Tit	Title: Owner/Member			
Processed 01/29/2018 * Electronically provided signatures are accepted as original signatures.								