| No. W 4525 | | D | ue no later than Aug 31, 2018 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|-------------------------------|----------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | MYRNA OLSON-FISHER 1880SWANFALLS RD. KUNA ID 83634-1732 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OLSON FISHER ENTERPRISES, L.C. MYRNA C. OLSON-FISHER 1880 SWANFALLS RD. KUNA ID 83634-1732 | | | | | | |
| | | | | KUNA ID | | | | |
| | | | | 3. <u>New</u> Regist | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER DENNIS M F | | FISHER | 1880 SWANFALLS RD. | KUNA | ID | USA | 83634-1732 | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | rt must be signed.* | | | | | |
| ID W 4525 | | Signature: D | ennis m fisher | | Date: 06/26/2018 | | | |
| | | Name (type | or print): Dennis m fisher | | Title: Manager | | | |
| Processed 06/26/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |