No. <b>C 85072</b>		Due no later than Oct 31, 2012	2. Registered Agent and Address (NO PO BOX)  TOM OLSEN  3719 GEKELER LANE BOISE ID 83706  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.				
		OLSEN LIVESTOCK CONSULTANTS, INC. TOM OLSEN PO BOX 50039 BOISE ID 83705				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Na	mes and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT TOM OLSEN		PO BOX 50039	BOISE	ID	USA	83705
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tom Olsen	Date: 10/28/2012			
C 85072		Name (type or print): Tom Olsen	Title: President			
rocessed 10/28/2012 * Electronically provided signatures are accepted as original signatures.						