

|                                                                                                                                                        |                 |                                                                                                                                                                                     |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>C 146105</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 2012</b>                                                                                                                                               |             | <b>2. Registered Agent and Address (NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MICHAEL V. OLSEN, INC.<br>MICHAEL OLSEN<br>6261 E IONA RD<br>IDAHO FALLS ID 83401 |             | MICHAEL V OLSEN<br>6261 E IONA RD<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                     |             | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                                                     |             |                                                           |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                                | City        | State                                                     | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | MICHAEL V OLSEN | 6261 EAST IONA ROAD                                                                                                                                                                 | IDAHO FALLS | ID                                                        | USA     | 83401       |  |
| SECRETARY                                                                                                                                              | BERNA D OLSEN   | 6261 EAST IONA ROAD                                                                                                                                                                 | IDAHO FALLS | ID                                                        | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 146105</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Michael V Olsen<br>Name (type or print): Michael V Olsen<br><br>Date: 09/21/2012<br>Title: President                                |             |                                                           |         |             |  |
| Processed 09/21/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                           |             |                                                           |         |             |  |