

Due no later than October 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

JOHN HOUSER
4031 EASTLAND DR STE 3B
TWIN FALLS, ID 83301

No. W 55281

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

OLYMPUS DEVELOPMENT LLC
~~4031 EASTLAND DR STE 3B~~ 443
TWIN FALLS, ID 83301
Falling Leaf Lake

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MM	John Houser				
MM	Gary Nelson				

*443 Falling Leaf Lake
Twin Falls ID 83301*

5. Organized Under the Laws of:
IDAHO
W 55281

6. Signature *Gary Nelson* Date *9-4-07*
Name (Typed or Printed) *GARY NELSON* Title *MM*

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