| No. <b>C 146105</b>  |      | Due no later than Nov 30, 2011  |  | 2. Registered A                      | 2. Registered Agent and Address (NO PO BOX)  |            |                |  |
|--|------|---|--|--------------------------------------|--|------------|----------------|--|
| 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.  MICHAEL V. OLSEN, INC.  MICHAEL OLSEN 6261 E IONA RD IDAHO FALLS ID 83401 |  | 6261 E IONA<br>IDAHO FALLS           | MICHAEL V OLSEN 6261 E IONA RD IDAHO FALLS ID 83401  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine                 |      | ass Addresses of l  | Precident Secretary and Directors Trace    | urer (entional)                      | Contional  |            |                |  |
| Office Held  | Name | ess Addresses of I  | Street or PO Address                       | City                                 | State  | Country    | Postal Code    |  |
| PRESIDENT MICHAEL V OLSEN<br>SECRETARY BERNA D OLSEN   |      |   | 6261 EAST IONA ROAD<br>6261 EAST IONA ROAD | IDAHO FALLS<br>IDAHO FALLS           | ID<br>ID   | USA<br>USA | 83401<br>83401 |  |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*   |  |                                      |  |            |                |  |
| ID<br>C 146105   |      | Signature: Mid<br>Name (type or   |  | Date: 09/17/2011<br>Title: President |  |            |                |  |
| Processed 09/17/2011 * Electronically provided signatures are accepted as original signatures. |      |   |  |                                      |  |            |                |  |