

|                                                                                                                                                        |                  |                                                                                                                                                                            |            |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>W 57129</b>                                                                                                                                     |                  | Due no later than Dec 31, 2013                                                                                                                                             |            | 2. Registered Agent and Address <b>(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>OLE #3 LLC<br>ROBERT M OVNICEK<br>4358 E POLELINE<br>POST FALLS ID 83854 |            | ROBERT M OVNICEK<br>4358 E POLELINE<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                            |            | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | ROBERT M OVNICEK | 4358 E POLELINE                                                                                                                                                            | POST FALLS | ID                                                         | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 57129</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Robert M. Ovnicek<br>Name (type or print): Robert M. Ovnicek<br>Date: 12/01/2013<br>Title: Managing Member                 |            |                                                            |         |             |  |
| Processed 12/01/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                  |            |                                                            |         |             |  |