No. C 51639 Return to:		Due no later than Jul 31, 2016 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) ROBERT D OLIVE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		 Mailing Address: Correct in this box if needed. 			1350 29TH STREET LEWISTON ID 83501			
		OLIVE'S AUTO PARTS, INC. ROBERT D OLIVE 1135 MICHIGAN AVE. OROFINO ID 83544		3. New Registered Agent Signature:*				
								1. Corporations: Ente
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DOUGLAS K	OLIVE	BOX 467	WINCHESTER	ID	USA	83555	
DIRECTOR	DARRYL E OLIVE		P O BOX 6684	KENNEWICK	WA	USA	99336	
TREASURER	ROBERT D OLIVE		1350 29TH STREET	LEWISTON	ID	USA	83501	
SECRETARY	BONNIE J OLIVE		812 1ST STREET APT. 55	KAMIAH	ID	USA	83536	
PRESIDENT	DUANE R OLIVE		2281 HILL ST	KAMIAH	ID	USA	83536	
	5. Organized Under the Laws of:		6. Annual Report must be signed.*					
5. Organized Under	the Laws of:	6. Annual Repor	i must be signed."					
5. Organized Under		6. Annual Repor Signature: Cy			Date: 08,	/05/2016		
		Signature: Cy				/05/2016 okkeeper		