



0005317573

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***STATEMENT OF CONVERSION**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005317573

Date Filed: 7/12/2023 10:48:16 AM

Statement of Conversion

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$30)

Converting Entity:

Entity Name: Olive Branch Bookkeeping, LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0005000622

Jurisdiction: IDAHO

Current Entity Type: Limited Liability Company (D)

Entity Subtype: Limited Liability Company

☒ This is a domestic entity, and this statement of conversion was approved in accordance with Idaho Code 30-22-403. The converted entity is a domestic entity, and its public organic record is as followed.

☒ I understand that if I convert this record in error, I am responsible to file another Statement of Conversion to set the record back to the correct entity type.

New Entity Type:

Select the entity type of the converted entity: General Business Corporation

Entity Subtype:

Corporation Subtype

Corporation Name

Corporation Name Olive Branch Bookkeeping, Inc

Business Type:

If this corporation is a Benefit Corporation, Insurance Company or Trust, select here:

Shares:

The number of shares the corporation is authorized to issue: 1

Effective Date of Conversion:

The conversion shall be effective when filed with the Secretary of State.

The registered agent on record is:

Registered Agent

Caryn A Silvius

Registered Agent

Physical Address

390 E TIGER AVE

CARYN SILVIUS

POST FALLS, ID 83854

Mailing Address

390 E TIGER AVE

CARYN SILVIUS

POST FALLS, ID 83854-6689

Incorporator Name(s) and Address(es):

Name

Incorporator Address



<div><div></div><div>Caryn A Silvius</div></div>		510 S CLEARWATER LP POST FALLS, ID 83854						
Director Name(s) and Address(es):								
<table border="1"><thead><tr><th>Name</th><th>Title</th><th>Director Address</th></tr></thead><tbody><tr><td><div><div></div><div>Caryn A Silvius</div></div></td><td>Director</td><td>510 S CLEARWATER LP POST FALLS, ID 83854</td></tr></tbody></table>			Name	Title	Director Address	<div><div></div><div>Caryn A Silvius</div></div>	Director	510 S CLEARWATER LP POST FALLS, ID 83854
Name	Title	Director Address						
<div><div></div><div>Caryn A Silvius</div></div>	Director	510 S CLEARWATER LP POST FALLS, ID 83854						
Mailing Address of Entity: Mailing Address: CARYN SILVIUS 390 E TIGER AVE POST FALLS, ID 83854-6689								
The Statement of Conversion must be signed by the converting entity:								
<i>Caryn A Silvius</i>		<i>07/12/2023</i>						
Sign Here		Date						
Job Title:		Owner						