| No. <b>C 138715</b>   |   | Due no later than Apr 30, 2014  |                      | 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.  OLSON TILE, INC.  JAMES F. OLSON  1055 TC CR  VICTOR ID 83455-5108  USA |                      | JAMES F OLSON 1055 T-C DR VICTOR ID 83455  3. New Registered Agent Signature:* |                  |       |         |             |
| RECEIVED BY DUE DATE  |   |   |                      |  |                  |       |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |   |   |                      |  |                  |       |         |             |
| Office Held   | Name  |   | Street or PO Address |  | City             | State | Country | Postal Code |
| PRESIDENT J   | IDENT JAMES F OLS   |   | 1055 TC DR           |  | VICTOR           | ID    | USA     | 83455-5108  |
| 5. Organized Under the Laws of:   |   | 6. Annual Report must be signed.*   |                      |  |                  |       |         |             |
| ID  |   | Signature: James F. Olson   |                      |  | Date: 02/19/2014 |       |         |             |
| C 138715  |   | Name (type or print): James F. Olson  |                      |  | Title: President |       |         |             |
| Processed 02/19/2014  | * Electronically provided signatures are accepted as original signatures. |   |                      |  |                  |       |         |             |