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| No. W 95600 | Due no later than Aug 31, 2015 Annual Report Form | 2. Registered Agent and Address (NO PO BOX) | | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. OLE 4 LLC SCOTT OVNICEK 6020 E POLELINE POST FALLS ID 83854 | SCOTT OVNICEK 6020 E POLELINE 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 | SCOTT N OVNICEK | 6020 E. POLELINE | POST FALLS | ID | USA | 83854 |
| 5. Organized Under the Laws of: ID W 95600 | 6. Annual Report must be signed.* Signature: Scott Ovnicek Name (type or print): Scott Ovnicek Date: 06/22/2015 Title: Managing Member | | | | | |
| Processed 06/22/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |