No. L 4566		Due no later than Dec 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. OLSON FAMILY LIMITED PARTNERSHIP OLSON PROPERTIES LLC 2385 S PHILLIPPI ST BOISE ID 83705-3765		2. Registered Agent and Address (NO PO BOX) CECIL E OLSON 2385 S PHILLIPPI ST BOISE ID 83705-3765 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	OLSON FAM OLSON PRO 2385 S PHIL						
NO FILING FEE IF RECEIVED BY DUE DATI	E						
Office Held Nam	ie	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER KJER	STIE A OLSON	2385 S PHILLIPPI ST	BOISE	ID	USA	83705-3765	
5. Organized Under the Laws of	f: 6. Annual Rep	ort must be signed.*					
ID	Signature:	Cecil E Olson		Date: 10/07/2010			
L 4566	Name (type	Name (type or print): Cecil E Olson Title: Manager					
Processed 10/07/2010	* Electronically provided signatures are accepted as original signatures.						