

|   |                 |   |           |  |         |             |  |
|---|-----------------|---|-----------|--|---------|-------------|--|
| No. <b>W 6901</b>   |                 | <b>Due no later than Sep 30, 2015</b><br><b>Annual Report Form</b>  |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>INCOME PROPERTIES, LLC<br>RICHARD L OLSEN<br>PO BOX 1087<br>POCATELLO ID 83204 |           | RICHARD L OLSEN<br>675 UNIVERSITY DR<br>POCATELLO ID 83201 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                 |   |           | 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  | RICHARD L OLSEN | 675 UNIVERSITY DR   | POCATELLO | ID   | 83201   |             |  |
| MEMBER  | ALMA E OLSEN    | 675 UNIVERSITY DR   | POCATELLO | ID   | 83201   |             |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 6901</b>                                   |                 | 6. Annual Report must be signed.*<br><br>Signature: richard olsen<br>Name (type or print): richard olsen  |           |  |         |             |  |
|   |                 | Date: 07/21/2015<br>Title: member/manager   |           |  |         |             |  |
| Processed 07/21/2015      * Electronically provided signatures are accepted as original signatures. |                 |   |           |  |         |             |  |