

No. W 38505	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DONALD D OLSON 1509 W POWDER CT EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TRIPLE O LLC DONALD D OLSON 1509 W POWDER CT EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Don Olson	1509 W. Powder Ct.	Eagle, Id.	USA		83616
	Sarah Olson	1509 W. Powder Ct.	Eagle, Id.	USA		83616
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ben Olson	2151 Cambridge Ave.	Cardiff, Ca.	USA		92007
	Shannon Olson	2151 Cambridge Ave.	Cardiff, Ca.	USA		92007
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roger Olson	P.O. Box 140037	Boise, Id.	USA		83714
	Jana Olson	P.O. Box 140037	Boise, Id.	USA		83714
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 38505</div>	6. Signature: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Name (type or print): <u>Donald D. Olson</u> </div> <div style="width: 35%;"> Date: <u>4/8/17</u> Title: <u>Member</u> </div> </div>
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