No. **W 57100**	**Due no later than Dec 31, 2013** **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 #2 LLC ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854	ROBERT M OVNICEK 4358 POLELINE AVE POST FALLS ID 83854 3. New 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	ROBERT M OVNICEK	4358 POLELINE AVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57100**	Signature: Robert M. Ovnicek	Date: 12/01/2013
	Name (type or print): Robert M. Ovnicek	Title: Managing Member

Processed 12/01/2013

* Electronically provided signatures are accepted as original signatures.