No. W 94764	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015 1. Mailing Address: Correct in this box if needed. OLSEN ORGANIZATION LLC JOHN H OLSEN 315TH AVE SOUTH APT 203 NAMPA ID 83651 USA 2. Registered Agent and Office (NOT A P.O. BOX) JOHN H OLSEN 315TH AVE SOUTH APT 203 NAMPA ID 83651 CO1/2 S.12TH AVE CAIOWEIL, TO \$3605	
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		NAMPA ID 83651 607/2 S.12 TH AVE
REINSTATEMENT FEE DUE: \$30.00	607/2 S.12 TO AVE Calawell, ID 83605	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		
-	IOHN HOISEN 607/2 SIZTHAVE C	aldwell, ID canyon \$360
Manager Member Member		
Manager Member		
Manager 🔲 Member 🔲		
5. Organized Under the Lav		
IDAHO	Signature:	Date: 3-29-2016
W 94764	Name (type or print):	Title:
Issued 03/29/2016 by onlin	JOHN H OLSEN	OWNER