

No. C 127635	Due no later than Feb 28, 2015 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. NATHAN P. OLSEN, INC. NATHAN OLSEN PO BOX 5578 TWIN FALLS ID 83303	NATHAN P OLSEN 1411 FALLS AVE E SUITE 1203 TWIN FALLS 83301	
		3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	NATHAN OLSEN	PO BOX 5578	TWIN FALLS ID USA 83303
5. Organized Under the Laws of: ID C 127635	6. Annual Report must be signed.* Signature: Nathan Olsen Name (type or print): Nathan Olsen		Date: 01/11/2015 Title: President
Processed 01/11/2015		* Electronically provided signatures are accepted as original signatures.	