

|  |  |   |   |       |         |             |
|--|--|---|---|-------|---------|-------------|
| No. <b>W 32864</b>   | <b>Due no later than Aug 31, 2016</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>S.S. OLSON, L.L.C.<br>STEPHEN S OLSON<br>PO BOX 797<br>BLACKFOOT ID 83221 |   | STEPHEN SPENCER OLSON<br>2168 SEVANA LOOP<br>BLACKFOOT ID 83221 |       |         |             |
|  |  |   | 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   | EMILY OLSON  | 2168 SEVANA LOOP  | BLACKFOOT   | ID    | USA     | 83221       |
| MANAGER  | STEPHEN SPENCER OLSON  | 2168 SEVANA LOOP  | BLACKFOOT   | ID    | USA     | 83221       |
| MANAGER  | SPENCER J OLSON  | 610 SADDLEBROOK   | MALAD   | ID    | USA     | 83252       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 32864</b>   | 6. Annual Report must be signed.*<br>Signature: Stephen Olson<br>Name (type or print): Stephen Olson                                   |   | Date: 07/08/2016<br>Title: Manager                              |       |         |             |
| Processed 07/08/2016   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |