

|                                                                                                                                                        |                |                                                                                                                                                           |          |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>W 36521</b>                                                                                                                                     |                | <b>Due no later than Feb 28, 2009</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>LES OLSON TIMBER SALVAGE, LLC<br>LESLIE M OLSON<br>17189 N WILKINSON RD<br>RATHDRUM ID 83858 |          | LESLIE M OLSON<br>17189 N WILKINSON RD<br>RATHDRUM ID 83858 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                           |          | 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                                                                                                                                                 | LESLIE M OLSON | 17189 N WILKINSON RD                                                                                                                                      | RATHDRUM | ID                                                          | USA     | 83858            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                         |          |                                                             |         |                  |  |
| <b>ID<br/>W 36521</b>                                                                                                                                  |                | Signature: Leslie M Olson                                                                                                                                 |          |                                                             |         | Date: 12/14/2008 |  |
|                                                                                                                                                        |                | Name (type or print): Leslie M Olson                                                                                                                      |          |                                                             |         | Title: Owner     |  |
| Processed 12/14/2008                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                 |          |                                                             |         |                  |  |