No. C 72942		Annual Report Form 1. Mailing Address - Correct in this box, if applicable - OLSON'S EXCAVATING, INC. TOBIE K OLSON PO BOX 884 CASCADE, ID 83611 3.			2. Registered Agent and Office NO PO BOX TOBIE K OLSON 11140 HWY 55 CASCADE, ID 83611 3. New Registered Agent Signature	
Return to: SECRETARY OF STA 450 NORTH FOURTH PO BOX 83720 BOISE, ID 83720-008 NO FILING FEE IF RECEIVED BY DUE	STREET OLS TOB PO E CAS			11140 HWY 55 CASCADE, ID 8: 3. New Registered /		
Corporations:	Enter Names an	d Business Addresses of Pr	esident, Secret	ary and Directors.	,	
Office held Nam		Street or P.O. Address	Çity	State	<u>Zlo</u>	
Thes. To	Shie K OGO	n Pobox884	Casca	1.14	83611	
Sec. Ko	ML Olso	n 70B01884 on 70B01884	eaxo	rde Id	83611	
5. Organized Under the L IDAH C 729	0	6. Signature XOCU Name (Typed or KORU	olo s	Date 3	10-8 les	
Issued 03/03/2008 Do Not Tape or Staple				20	0805000684	