

No. W 57105	Due no later than Dec 31, 2016 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. OLE #1 LLC ROBERT M OVNICEK 4358 E POLELINE AVE POST FALLS ID 83854		ROBERT M OVNICEK 4358 E POLELINE AVE POST FALLS ID 83854			
			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	ROBERT M OVNICEK	4358 E POLELINE AVE	POST FALLS	ID		83854
5. Organized Under the Laws of: ID W 57105		6. Annual Report must be signed.* Signature: Robert M Ovnicek Name (type or print): Robert M Ovnicek Date: 12/21/2016 Title: Managing Member				
Processed 12/21/2016		* Electronically provided signatures are accepted as original signatures.				