

No. C 85072	Due no later than Oct 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM OLSEN 3719 GEKELER LANE BOISE ID 83706														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. OLSEN LIVESTOCK CONSULTANTS, INC. TOM OLSEN PO BOX 50039 BOISE ID 83705																
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tom Olsen</td> <td>P.O. Box 50039</td> <td>Boise,</td> <td>Id</td> <td>Ada</td> <td></td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tom Olsen	P.O. Box 50039	Boise,	Id	Ada		3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Tom Olsen	P.O. Box 50039	Boise,	Id	Ada												
5. Organized Under the Laws of: IDAHO C 85072		6. <table border="1"> <tr> <td>Signature: <u>Tom Olsen</u></td> <td>Date: <u>12-2-14</u></td> </tr> <tr> <td>Name (type or print): <u>Tom Olsen</u></td> <td>Title: <u>president</u></td> </tr> </table>		Signature: <u>Tom Olsen</u>	Date: <u>12-2-14</u>	Name (type or print): <u>Tom Olsen</u>	Title: <u>president</u>										
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