No. **W 45794**	**Due no later than Dec 31, 2010** **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.** CALF TAXI, LLC JOHN BEUKERS 3831 N 3500 E KIMBERLY ID 83341	JOHN BEUKERS 3831 N 3500 E KIMBERLY ID 83341 3. New 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	JOHN BEUKERS	378 FALLS AVE	TWIN FALLS	ID	USA	83301
MEMBER	DAN BEUKERS	378 FALLS AVE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45794**	Signature: John Beukers	Date: 10/14/2010
	Name (type or print): John Beukers	Title: Member

Processed 10/14/2010

* Electronically provided signatures are accepted as original signatures.