

07/19/2011 08:16 FAX 334 2080

Idaho Secretary of State

002

No. W 15113		Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) CARL TAYLOR 4535 W 81ST N IDAHO FALLS ID 83402	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. C & B FINANCE, L.L.C. CARL B TAYLOR PO BOX 51780 IDAHO FALLS ID 83405 USA		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
Manager (Member (circle one))					
	Member Carl B. Taylor	7891 S. Yellowstone Hwy.	Idaho Falls, ID	USA	83402
	Member L. Kent Taylor	" "	" "	" "	" "
5. Organized Under the Laws of:		6.			
IDAHO W 15113		Signature: <i>Carl B. Taylor</i>		Date: 7/18/11	
		Name (type or print): <i>Carl B. Taylor</i>		Title: <i>member</i>	
Issued 07/18/2011 by KAH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.