No. **W 48025**	**Due no later than Mar 31, 2014** **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.** TAYLOR STUDY METHOD, LLC (THE) DAVID GENCARELLA PO BOX 729 POST FALLS ID 83877-0729 USA	DAVID GENCARELLA 6530 E MAPLEWOOD AVE POST FALLS ID 83854-7070 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
MANAGER	DAVID GENCARELLA	PO BOX 729	POST FALLS	ID	USA	83877

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 48025**	Signature: David Gencarella	Date: 03/18/2014
	Name (type or print): David Gencarella	Title: Manager

Processed 03/18/2014

* Electronically provided signatures are accepted as original signatures.