

No. W 9128	Due no later than June 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX GEORGE Z MCDANIEL 2425 S 60 E IDAHO FALLS, ID 83406												
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 applicable TAYLOR HEIGHTS NO. 9, LLC ELK RIDGE DEVELOPMENTS, LLC 4973 E 21 S IDAHO FALLS ID 83401 155 N Woodruff Ave Idaho Falls ID 83401	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">M.M.</td> <td style="vertical-align: top;">George Z. McDaniel</td> <td style="vertical-align: top;">2425 South 60th East</td> <td style="vertical-align: top;">Idaho Falls</td> <td style="vertical-align: top;">Id</td> <td style="vertical-align: top;">83401</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	M.M.	George Z. McDaniel	2425 South 60 th East	Idaho Falls	Id	83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
M.M.	George Z. McDaniel	2425 South 60 th East	Idaho Falls	Id	83401									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 9128</div>	6. Signature <u>George Z McDaniel</u> Date _____ Name <small>(Typed or Printed)</small> <u>George Z. McDaniel</u> Title _____													

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