No. <b>W 101888</b>		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83303-0129			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  TAYLOR & HALVERSON PROPERTY HOLDINGS LLC JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN COLEMA			I WIN FALLS ID 65305-0129			
	TWIN FALLS			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JASON	T HALVERSON	261 CANYON CREST DRIVE	TWIN FALLS	ID	USA	83301	
MEMBER MICHA	EL K TAYLOR	261 CANYON CREST DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*					
<b>ID</b> Signat		e: John Coleman		Date: 02/15/2014			
W 101888	Name (type o	Name (type or print): John Coleman		Title: Agent			
Processed 02/15/2014	* Electronically p	* Electronically provided signatures are accepted as original signatures.					