No. W 12839	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010  1. Mailing Address: Correct in this box if needed.  TAYJOR, LLC DAVID JORGENSEN -3968 EAST SUNNYSIDE -77-4 IDAHO FALLS ID 8340% 2002		DAVID B JORG	2. Registered Agent and Office (NOT A P.O. BOX) DAVID B JORGENSEN -420 GULLANE CIRCLE 2060 & 25 <sup>70</sup>		
etum to: SECRETARY OF STATE				IDAHO FALLS ID 834014		
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			FILED EFFECTIVE  3. New Registered Agent Signature CTIVE			
REINSTATEMENT FEE DUE: \$30.00			1			
Limited Liability Companie anager or Member Name	s: Enter Names and Address	es of Managers OR Members. Street or PO Address	City S	tate Country Postal Code		
DAVID JOEG	N32U31	Street or PO Address  2060 & 25 th	1F, 10	Bornoville 83404		
Organized Under the Laws of:	6.	2		200 209-11		
IDAHO	Signature:			Jac. 20/1		
W/ 12020	Name (type or print):	David Jogen	sen	Title: 10.00A		
W 12839		1 7				
W 12839 sued 02/09/2011 by PEH						
sued 02/09/2011 by PEH	NSTRUCTIONS FOI	R THE IDAHO ANNU	AL REPORT FOR	M		
sued 02/09/2011 by PEH		R THE IDAHO ANNU				

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: 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.

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