No. W 62740		Due no later than May 31, 2014	2. Registered Agent and Address (NO PO BOX) SHAWN ALLEN 599 BOXWOOD DRIVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TAYLORVIEW APARTMENTS, LLC SHAWN ALLEN 599 BOXWOOD DRIVE TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER SHAWN ALLE		EN 599 BOXWOOD DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Shawn Allen	Date: 04/29/2014				
W 62740		Name (type or print): Shawn Allen	Title: Member				
Processed 04/29/2014	essed 04/29/2014 * Electronically provided signatures are accepted as original signatures.						