

FILED EFFECTIVE

<p>No. W 122774</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX)</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. TAYLOR CAPITAL, LLC 405 E 14TH ST IDAHO FALLS ID 83404</p>	<p>BRYCE H TAYLOR 405 E 14TH ST IDAHO FALLS ID 83404 <i>542 Cottonwood Lane Ammon, ID 83406</i></p>																																				
<p>3. <u>New</u> Registered Agent Signature.</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p>																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bryce Taylor</td> <td>PO Box 1353</td> <td>Idaho Falls</td> <td>10</td> <td>Boonv.</td> <td>83403</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>William Taylor</td> <td>PO Box 1353</td> <td>Idaho Falls</td> <td>10</td> <td>Boonv.</td> <td>83403</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bryce Taylor	PO Box 1353	Idaho Falls	10	Boonv.	83403	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	William Taylor	PO Box 1353	Idaho Falls	10	Boonv.	83403	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 122774</p>	<p>6. Signature: </p> <p>Name (type or print): <u>Bryce Taylor</u></p> <p>Date: <u>7-23-14</u></p> <p>Title: _____</p>																																					