No. <b>W 97629</b>		Due no later than Nov 30, 2013	2. Registered Agent and Address (NO PO BOX)  GAIL TAYLOR 3501 RIVA RIDGE WAY BOISE ID 83709  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.  CAPITAL MORTGAGE, LLC GAIL TAYLOR 3451 E COPPER POINT DRIVE #104 MERIDIAN ID 83642				
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Comp	oanies: Enter Nar	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER GAIL TAYLO		R 3501 RIVA RIDGE WAY	BOISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Gail Taylor	Date: 09/20/2013			
W 97629		Name (type or print): Gail Taylor	Title: Managing Member			
Processed 09/20/2013 * Electronically provided signatures are accepted as original signatures.						