

No. W 27718	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2006	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TAAP ENTERPRISES, LLC 2523 E SUNNYSIDE RD AMMON ID 83406	
	2. Registered Agent and Office (NOT A P.O. BOX) ARTHUR POLSON TOM ARAVE 2523 E SUNNYSIDE RD AMMON ID 83406 376 N. 200E. BLACKFOOT ID 83221	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.		
Office Held	Name	Street or PO Address City State Country Postal Code
MANAGER	TOM ARAVE	376 N. 200 E. BLACKFOOT ID USA 83221
MANAGER	ART POLSON	633 N. 550 E. FIRTH ID USA 83236
5. Organized Under the Laws of:		
IDAHO W 27718		
6.		
Signature: <u>Tom Arave</u>	Date: <u>8/27/08</u>	
Name (type or print): <u>TOM ARAVE</u>	Title: <u>MANAGER</u>	
Issued 08/27/2008 by CLH		