

No. W 70382		Due no later than Jan 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWIN FALLS TAXI/TRANSPORTATION LLC BRANDI A OLER 476 SOPHOMORE BLVD TWIN FALLS ID 83301		BRANDI A OLER 476 SOPHOMORE BLVD TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRANDI A OLER	476 SOPHOMORE BLVD	TWIN FALLS	ID	USA	83301	
MEMBER	SCOTT A OLER	476 SOPHOMORE BLVD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 70382		6. Annual Report must be signed.* Signature: Scott Oler Name (type or print): Scott Oler Date: 12/15/2010 Title: Owner					
Processed 12/15/2010 * Electronically provided signatures are accepted as original signatures.							