| No. W 81529 | | Due no later than Feb 28, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------|---|----------------------|---|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | MATTHEW TAYLOR | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TAILORED MANAGEMENT LLC MATTHEW K TAYLOR 2571 FALLS AVE EAST TWIN FALLS ID 83301 | | ed. | 2571 FALLS AVE EAST TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 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 |
| MANAGER N | MATTHEW 1 | (TAYLOR | 2571 FALLS AVE. EAST | | TWIN FALLS | ID | USA | 83301 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Matthew K Taylor | | | Date: 03/07/2011 | | | |
| W 81529 | | Name (type or print): Matthew K Taylor | | | Title: President | | | |
| Processed 03/07/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |