No. W 62740		Due no later than May 31, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHAWN ALLEN 965 EAST LINCOLN IDAHO FALLS ID 83401			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TAYLORVIEW APARTMENTS, LLC SHAWN ALLEN PO BOX 5184 TWIN FALLS ID 83303						
				IDAHO FALLS	IDANO FALLS ID 63401			
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compan	nies: Enter Nar	nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHAWN ALLEN		PO BOX 5184	TWIN FALLS	ID	USA	83303	
MEMBER	1EMBER ROBIN ALLEN		2180 HIGH DESERT DRIVE	IDAHO FALLS	ID	USA	83406	
MEMBER ERIC TARKA		LSON	561 GEERTSON CREEK ROAD	SALMON	ID	USA	83467	
MEMBER	ASHLEY TARKALSON		561 GEERTSON CREEK ROAD	SALMON	ID	USA	83467	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 62740		Signature: Shawn		Date: 03/23/2010				
		Name (type or print): Shawn		Title: Allen				
Processed 03/23/2010		* Electronically provided signatures are accepted as original signatures.						