

No. W 25040		Due no later than Jul 31, 2005		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAMPUS PARK HOUSING, L.L.C. 2033 CARLI'S COVE TWIN FALLS ID 83301 0000		GARY TAYLOR 2033 CARLI'S COVE TWIN FALLS ID 83301 0000	
				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
MANAGER	JOSEPH R ARGYLE	1307 S GLENEAGELS DR	SYRACUSE	UT	84075
MANAGER	JARED NIELSON	PO BOX 4177	LOGAN	UT	84323
5. Organized Under the Laws of: IDAHO W 25040		6. Annual Report must be signed.* Signature: Jared Nielson Name (type or print): Jared Nielson Date: 08/01/2005 Title: Mdmber			
Processed 08/01/2005		* Electronically provided signatures are accepted as original signatures.			