

No. <b>W 25040</b>	Due no later than July 31, 2006 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  CAMPUS PARK HOUSING, L.L.C. <del>2033 CARLI'S COVE</del> <del>TWIN FALLS, ID 83301</del>  <b>122 Falls Ave W.</b> <b>Twin Falls, Id 83301</b>		<del>GARY TAYLOR</del> <del>2033 CARLI'S COVE</del> <del>TWIN FALLS, ID 83301</del> <b>Brenda Hefernan</b> <b>122 Falls Ave W.</b> <b>Twin Falls, ID 83301</b> 3. New Registered Agent Signature <b>Brenda Hefernan</b>												
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Brenda Hefernan</td> <td>122 Falls Ave W.</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Brenda Hefernan	122 Falls Ave W.	Twin Falls	Idaho	83301
Office held	Name	Street or P.O. Address	City	State	Zip										
Manager	Brenda Hefernan	122 Falls Ave W.	Twin Falls	Idaho	83301										
5. Organized Under the Laws of: <b>IDAHO</b> <b>W 25040</b>		6. Signature <b>Brenda Hefernan</b> Date <b>05/23/06</b> Name (Typed or Printed) <b>Brenda Hefernan</b> Title <b>Manager</b>													

Issued 05/01/2006

Do Not Tape or Staple

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