

|                                                                                                                                                        |                |                                                                                                                                                        |            |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>L 3577</b>                                                                                                                                      |                | <b>Due no later than Dec 31, 2013</b>                                                                                                                  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>S H & D LIMITED PARTNERSHIP<br>DAVID MILLER<br>1607 11TH AVE E<br>TWIN FALLS ID 83301 |            | DAVID MILLER<br>1607 11TH AVE E<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                        |            | 3. <u>New</u> Registered Agent Signature:*             |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                   | City       | State                                                  | Country | Postal Code |  |
| GENERAL PARTNER                                                                                                                                        | DAVID S MILLER | 1607 11TH AVE E                                                                                                                                        | TWIN FALLS | ID                                                     | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>L 3577</b>                                                                                                |                | 6. Annual Report must be signed.*<br>Signature: David Miller<br>Name (type or print): David Miller<br>Date: 12/17/2013<br>Title: General Partner       |            |                                                        |         |             |  |
| Processed 12/17/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                              |            |                                                        |         |             |  |