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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 101565</b>                                                                                                                                    |              | <b>Due no later than Mar 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>S & G HVAC CONSULTING SERVICES, L.L.C.<br>GARY W PAYNE<br>PO BOX 840<br>ASHTON ID 83420 |        | SANDRA E PAYNE<br>1356 S TIMBERLINE<br>ASHTON ID 83420 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                      |        | 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 |  |
| MEMBER                                                                                                                                                 | GARY W PAYNE | PO BOX 840                                                                                                                                           | ASHTON | ID                                                     | USA     | 83420       |  |
| 5. Organized Under the Laws of:<br><b>UT<br/>W 101565</b>                                                                                              |              | 6. Annual Report must be signed.*<br>Signature: Gary W Payne<br>Name (type or print): Gary W Payne                                                   |        |                                                        |         |             |  |
|                                                                                                                                                        |              | Date: 03/21/2013<br>Title: Member                                                                                                                    |        |                                                        |         |             |  |
| Processed 03/21/2013                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                            |        |                                                        |         |             |  |