

|                                                                                                                                                        |               |                                                                                                                                                  |         |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 166577</b>                                                                                                                                    |               | Due no later than May 31, 2017                                                                                                                   |         | 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>HIGH VALLEY SERVICES, LLC<br>JACOB C LEWIS<br>325 16TH AVE WEST<br>GOODING ID 83330 |         | JACOB C LEWIS<br>325 16TH AVE WEST<br>GOODING ID 83330-8333 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                  |         | 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                                                                                                                                                 | JACOB C LEWIS | 325 16TH AVE W                                                                                                                                   | GOODING | ID                                                          | USA     | 83330       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 166577</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Jacob C. Lewis<br>Name (type or print): Jacob C. Lewis<br>Date: 06/15/2017<br>Title: Member      |         |                                                             |         |             |  |
| Processed 06/15/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                        |         |                                                             |         |             |  |