

|  |             |   |            |  |         |             |  |
|--|-------------|---|------------|--|---------|-------------|--|
| No. <b>W 32443</b>   |             | <b>Due no later than Aug 31, 2011</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>JONES & BEARD, LLC<br>J K BEARD<br>284 MARTIN ST<br>TWIN FALLS ID 83301<br>USA |            | ERIC JONES<br>284 MARTIN ST<br>TWIN FALLS ID 83301 |         |             |  |
|  |             |   |            | 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   | ERIC JONES  | 401 GOODING ST NORTH  | TWIN FALLS | ID   | USA     | 83301       |  |
| MEMBER   | JASON BEARD | 401 GOODING ST NORTH  | TWIN FALLS | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 32443</b>   |             | 6. Annual Report must be signed.*<br>Signature: Jason K. Beard<br>Name (type or print): Jason K. Beard  |            |  |         |             |  |
| Date: 07/27/2011<br>Title: Member  |             |   |            |  |         |             |  |
| Processed 07/27/2011   |             | * Electronically provided signatures are accepted as original signatures.   |            |  |         |             |  |