

|                                                                                                                                                        |                     |                                                                                                                                                  |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>J 245</b>                                                                                                                                       |                     | <b>Due no later than Sep 30, 2014</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. IDAHO, LLP<br>GREG HELM<br>3601 S 2700 W #G-128<br>SALT LAKE CITY UT 84119 |       | LAMONT JONES<br>415 S ARTHUR<br>POCATELLO ID 83204 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                  |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |                     |                                                                                                                                                  |       |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                             | City  | State                                              | Country | Postal Code |  |
| PARTNER                                                                                                                                                | GREG R HELM         | 9339 S 1300 E                                                                                                                                    | SANDY | UT                                                 | USA     | 84094       |  |
| PARTNER                                                                                                                                                | B SCOTT SATTERFIELD | 9339 S 1300 E                                                                                                                                    | SANDY | UT                                                 | USA     | 84094       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 245</b>                                                                                             |                     | 6. Annual Report must be signed.*<br>Signature: Greg R Helm<br>Name (type or print): Greg R Helm                                                 |       |                                                    |         |             |  |
|                                                                                                                                                        |                     | Date: 07/22/2014<br>Title: Partner                                                                                                               |       |                                                    |         |             |  |
| Processed 07/22/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                        |       |                                                    |         |             |  |