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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 7525</b>                                                                                                                                      |                | <b>Due no later than Dec 31, 2010</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>J & H LEASING, LLC<br>JOHN LINDSAY<br>3456 E 17TH ST STE 140<br>IDAHO FALLS ID 83406 |           | JOHN LINDSAY<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                       |           | 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 |  |
| MANAGER                                                                                                                                                | JOHN LINDSAY   | 50 N 1400 W                                                                                                                                           | BLAKCFOOT | ID                                                     | USA     | 83221       |  |
| MANAGER                                                                                                                                                | HILARY LINDSAY | 50 N 1400 W                                                                                                                                           | BLACKFOOT | ID                                                     | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 7525</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Robert Crandall<br>Name (type or print): Robert Crandall<br>Date: 10/11/2010<br>Title: Attorney       |           |                                                        |         |             |  |
| Processed 10/11/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |           |                                                        |         |             |  |