

|                                                                                                                                                        |                  |                                                                                                                                                                                                             |            |                                                       |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|------------------|-------------|--|
| No. <b>J 38</b>                                                                                                                                        |                  | <b>Due no later than Dec 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BENOIT, ALEXANDER, HARWOOD & HIGH, L.L.P.<br>THOMAS B HIGH<br>126 2ND AVE N<br>TWIN FALLS ID 83301<br>USA |            | THOMAS B HIGH<br>126 2ND AVE N<br>TWIN FALLS ID 83301 |                  |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                                             |            | 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                                                                                                                                                | THOMAS B HIGH    | 2034 MOUNTAIN VIEW CIR                                                                                                                                                                                      | TWIN FALLS | ID                                                    | USA              | 83301       |  |
| PARTNER                                                                                                                                                | ROBERT M HARWOOD | 602 S HULEN WAY                                                                                                                                                                                             | KETCHUM    | ID                                                    | USA              | 83340       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                                           |            |                                                       |                  |             |  |
| <b>ID<br/>J 38</b>                                                                                                                                     |                  | Signature: Thomas B. High                                                                                                                                                                                   |            |                                                       | Date: 10/16/2013 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Thomas B. High                                                                                                                                                                        |            |                                                       | Title: Partner   |             |  |
| Processed 10/16/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                                   |            |                                                       |                  |             |  |