

|  |                 |  |                |   |         |                   |  |
|--|-----------------|--|----------------|---|---------|-------------------|--|
| No. <b>J 758</b>   |                 | <b>Due no later than Apr 30, 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>SOUTH END STORAGE, LLP<br>PO BOX 240<br>AMERICAN FALLS ID 83211 |                | BOB WOLFENBARGER CPA<br>215 N 9TH<br>POCATELLO ID 83201 |         |                   |  |
|  |                 |  |                | 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  | S LLOYDE HERBST | PO BOX 240   | AMERICAN FALLS | ID  | USA     | 83211             |  |
| PARTNER  | GREG G CANNELL  | PO BOX 240   | AMERICAN FALLS | ID  | USA     | 83211             |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |                |   |         |                   |  |
| <b>ID<br/>J 758</b>  |                 | Signature: Bob Wolfenbarger  |                |   |         | Date: 04/13/2011  |  |
|  |                 | Name (type or print): Bob Wolfenbarger   |                |   |         | Title: Controller |  |
| Processed 04/13/2011   |                 | * Electronically provided signatures are accepted as original signatures.  |                |   |         |                   |  |