

|                                                                                                                                                        |                                      |                                                                                                                                                        |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>J 252</b>                                                                                                                                       |                                      | Due no later than Oct 31, 2014                                                                                                                         |       | 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>GEORGIA STREET STRUCTURES, L.L.P.<br>JOHN T BYRD<br>PO BOX 941<br>NAMPA ID 83653-0941 |       | JOHN T BYRD<br>3625 CLIFTON WAY<br>NAMPA ID 83686  |         |             |  |
|                                                                                                                                                        |                                      |                                                                                                                                                        |       | 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                                                                                                                                                | J.E.T. DEVELOPMENT, A<br>PARTNERSHIP | PO BOX 941                                                                                                                                             | NAMPA | ID                                                 | USA     | 83653-0941  |  |
| PARTNER                                                                                                                                                | VENTURES SOUTH, A PARTNERSHIP        | PO BOX 941                                                                                                                                             | NAMPA | ID                                                 | USA     | 83653-0941  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>J 252</b>                                                                                             |                                      | 6. Annual Report must be signed.*<br>Signature: John T Byrd<br>Name (type or print): John T Byrd<br>Date: 08/17/2014<br>Title: Partner                 |       |                                                    |         |             |  |
| Processed 08/17/2014                                                                                                                                   |                                      | * Electronically provided signatures are accepted as original signatures.                                                                              |       |                                                    |         |             |  |