

|                                                                                                                                                        |               |                                                                                                                                                              |            |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 130669</b>                                                                                                                                    |               | <b>Due no later than Oct 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>1. Mailing Address: Correct in this box if needed.</b><br><br>BEARD FAMILY SERVICES, INC.<br>JASON K BEARD<br>284 MARTIN ST<br>TWIN FALLS ID 83301<br>USA |            | JASON K BEARD<br>284 MARTIN ST<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                              |            | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                              |            |                                                       |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                         | City       | State                                                 | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | LYNN A BEARD  | 284 MARTIN ST.                                                                                                                                               | TWIN FALLS | ID                                                    | USA     | 83301       |  |
| PRESIDENT                                                                                                                                              | JASON K BEARD | 284 MARTIN ST.                                                                                                                                               | TWIN FALLS | ID                                                    | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 130669</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Jason K. Beard<br>Name (type or print): Jason K. Beard<br>Date: 09/25/2013<br>Title: President               |            |                                                       |         |             |  |
| Processed 09/25/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                    |            |                                                       |         |             |  |