

|  |                    |  |                |   |         |                  |  |
|--|--------------------|--|----------------|---|---------|------------------|--|
| No. <b>C 136650</b>  |                    | <b>Due no later than Dec 31, 2009</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>BIGHORN PLUMBING & HEATING, INC.<br>JAKE ALBERTSON<br>652 W BUCKLES RD<br>HAYDEN ID 83835 |                | JAKE ALBERTSON<br>6368 N 15TH ST<br>DALTON GARDENS ID 83815 |         |                  |  |
|  |                    |  |                | 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  | MICHELLE ALBERTSON | 6368 NO. 15TH ST.  | DALTON GARDENS | ID  | USA     | 83815            |  |
| PRESIDENT  | JAKE ALBERTSON     | 6368 NO. 15TH ST.  | DALTON GARDENS | ID  | USA     | 83815            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |                |   |         |                  |  |
| <b>ID<br/>C 136650</b>   |                    | Signature: Michelle Albertson  |                |   |         | Date: 10/27/2009 |  |
|  |                    | Name (type or print): Michelle Albertson   |                |   |         | Title: Secretary |  |
| Processed 10/27/2009   |                    | * Electronically provided signatures are accepted as original signatures.  |                |   |         |                  |  |