

|                                                                                                                                                        |                 |                                                                                                                                                                   |             |                                                             |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------------------|
| No. <b>W 6854</b>                                                                                                                                      |                 | Due no later than Sep 30, 2007                                                                                                                                    |             | 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><b>1. Mailing Address: Correct in this box if needed.</b><br>IHI, LLC<br>WINSTON V BEARD<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |             | WINSTON V BEARD<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                   |             | 3. <u>New</u> Registered Agent Signature:*                  |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                   |             |                                                             |                     |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                              | City        | State                                                       | Country Postal Code |
| MEMBER                                                                                                                                                 | JOHN D CHAMBERS | 1819 HOOPES AVE                                                                                                                                                   | IDAHO FALLS | ID                                                          | USA 83404           |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                 |             |                                                             |                     |
| <b>ID<br/>W 6854</b>                                                                                                                                   |                 | Signature: Winston V Beard<br>Name (type or print): Winston V Beard                                                                                               |             | Date: 07/27/2007<br>Title: Registered Agent                 |                     |
| Processed 07/27/2007                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                         |             |                                                             |                     |