## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to

Section 16. Form 4 or Form 5

1. Name and Address of Reporting Person\*

(First)

(Middle)

Ballengee James H.

(Last)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden er response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnote<sup>(2)</sup>

11. Nature of Indirect Beneficial Ownership

	ion 1(b).	ue. See		Fil							ities Exchar			4		hou	rs per	response:	0
1. Name ar		Reporting Person*			2. I:	ssuer l	Name	and Tic	ker or T	rading	Symbol  RS L P				elationsh eck all ap Dire	plicable)	ing P	erson(s) to	ssuer
(Last) 3838 OA SUITE 1	K LAWN	•	(Middle)			Date of 25/20		est Tran	saction (	(Month	n/Day/Year)				Offic belo	er (give title w)	9	Other below	(specify y)
(Street)		K :	75219		- 4. li	Amer	ndmen	t, Date	of Origir	nal File	ed (Month/D	ay/Yea	r)	Line	) Forr Forr	n filed by O n filed by M	ne Re	ing (Check a eporting Per nan One Re	son
(City)	(Si	ate) (	(Zip)		-										Pers	son			
		Tab	le I - N	on-Deri	vative	Sec	uriti	es Ac	quire	d, Di	sposed o	of, or	Bene	eficially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Exe ) if a	A. Deemed xecution Date, any Month/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8)					Benefic Owned	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	) or )	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common	Units			06/25	/2015				J <sup>(1)</sup>		1,657,10	)5	D	\$0.00	9,5	42,895		I	See Footnote
		Ta	able II -								osed of, convertib				Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code 8)		of Deri Sec Acq (A) o Disp of (I	oosed D) tr. 3, 4	6. Date Expirat (Month	tion Da		Amou Secu Unde Deriv	rlying ative rity (Ins	De Se (Ir	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Owners! (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Sha	nber					
1. Name ar		Reporting Person*																	
(Last)	K LAWN A	(First)	(Mi	ddle)															
(Street)	5	TX	75	219															
(City)		(State)	(Zi <sub>l</sub>	0)															
ı	nd Address of gee Intere	Reporting Person*																	
(Last) 3838 OA SUITE 1	K LAWN 1	(First) AVENUE	(Mi	ddle)															
(Street)	5	TX	75	219															
(City)		(State)	(Zi <sub>l</sub>	p)															

3838 OAK LA SUITE 1150	838 OAK LAWN AVENUE SUITE 1150						
(Street) DALLAS	TX	75219					
(City)	(State)	(Zip)					

### **Explanation of Responses:**

1. Distribution by Jamex, LLC to its members.

2. Following the transaction reported herein, Jamex Marketing, LLC is the record holder of the common units formerly held of record by Jamex, LLC, Jamex, LLC, formerly known as Bridger, LLC, is the majority member of Jamex Marketing, LLC. Ballengee Interests, LLC is the majority member of Jamex, LLC. James H. Ballengee is the manager of each of Jamex Marketing, LLC, Jamex, LLC, Jamex, LLC and Ballengee Interests, LLC. Each of the reporting persons disclaims beneficial ownership of these securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

#### Remarks:

JAMEX, LLC by: /s/ James H. Ballengee, Manager 06/29/2015

BALLENGEE INTERESTS,

<u>LLC by: /s/ James H.</u> <u>06/29/2015</u>

Ballengee, Manager

<u>/s/ James H. Ballengee</u> 06/29/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.