

|  |               |  |          |  |         |                  |  |
|--|---------------|--|----------|--|---------|------------------|--|
| No. <b>W 101822</b>  |               | <b>Due no later than Mar 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>SPUR AVIATION SERVICES, LC<br>MIKEL G HARDY<br>148 BLUE LAKES BLVD N #327<br>TWIN FALLS ID 83301<br>USA |          | MIKEL HARDY<br>203 JOSLIN WAY<br>TWIN FALLS ID 83301 |         |                  |  |
|  |               |  |          | 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   | MIKEL G HARDY | 3644 SAGE VIEW LANE  | KIMBERLY | ID   | USA     | 83341            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |          |  |         |                  |  |
| <b>ID<br/>W 101822</b>   |               | Signature: Mikel Hardy   |          |  |         | Date: 01/28/2013 |  |
|  |               | Name (type or print): Mikel Hardy  |          |  |         | Title: Member    |  |
| Processed 01/28/2013   |               | * Electronically provided signatures are accepted as original signatures.  |          |  |         |                  |  |