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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------------------|
| No. <b>C 209505</b>                                                                                                                                    |                     | <b>Due no later than Apr 30, 2017</b>                                                                                                                 |           | <b>2. Registered Agent and Address (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>                                                                                                                             |           | STEVEN SCHULTZ<br>915 S POPLAR ST<br>SANDPOINT ID 83864 |                     |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SANDPOINT A.I.R. INC<br>STEVEN O ANDERSON<br>720 W BOONE STE 200<br>SPOKANE WA 99201 |           | 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 |
| DIRECTOR                                                                                                                                               | JAMES HECHT         | 815 PINE STREET UNIT E                                                                                                                                | SANDPOINT | ID                                                      | 83864               |
| DIRECTOR                                                                                                                                               | MEGAN ATWOOD CHERRY | 71 GOOBY RD                                                                                                                                           | SANDPOINT | ID                                                      | 83864               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 209505</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: S.SCHULTZ<br>Name (type or print): S.SCHULTZ<br><br>Date: 04/25/2017<br>Title: PRESIDENT              |           |                                                         |                     |
| Processed 04/25/2017                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                             |           |                                                         |                     |