

|                                                                                                                                                        |              |                                                                                                                                              |          |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 111666</b>                                                                                                                                    |              | <b>Due no later than Mar 31, 2017</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>UPSIDE DOWN AERO, LLC<br>BRUCE FOSTER<br>2084 S 2900 W<br>ABERDEEN ID 83210 |          | BRUCE FOSTER<br>2084 S 2900 W<br>ABERDEEN ID 83210 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                              |          | 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 |  |
| MANAGER                                                                                                                                                | BRUCE FOSTER | 2084 S 2900 W                                                                                                                                | ABERDEEN | ID                                                 | USA     | 83210       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 111666</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: BruceFoster<br>Name (type or print): BruceFoster<br>Date: 01/30/2017<br>Title: Owner         |          |                                                    |         |             |  |
| Processed 01/30/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                    |          |                                                    |         |             |  |