

|                                                                                                                                                        |           |                                                                                                                                              |            |                                                          |         |             |  |                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|----------------------------------------------------|--|
| No. <b>C 133684</b>                                                                                                                                    |           | <b>Due no later than Apr 30, 2018</b>                                                                                                        |            | <b>Annual Report Form</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>AIR QUALITY SERVICES INC.<br>GARY SIPE<br>PO BOX 883<br>TWIN FALLS ID 83303 |            | GARY SIPE<br>938 WHITE BIRCH AVE.<br>TWIN FALLS ID 83303 |         |             |  |                                                    |  |
|                                                                                                                                                        |           |                                                                                                                                              |            | 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 |  |                                                    |  |
| PRESIDENT                                                                                                                                              | GARY SIPE | PO BOX 883                                                                                                                                   | TWIN FALLS | ID                                                       | USA     | 83303       |  |                                                    |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 133684</b>                                                                                          |           | 6. Annual Report must be signed.*<br>Signature: GARY R SIPE<br>Name (type or print): GARY R SIPE<br>Date: 03/03/2018<br>Title: ONWER         |            |                                                          |         |             |  |                                                    |  |
| Processed 03/03/2018                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                    |            |                                                          |         |             |  |                                                    |  |