

|                                                                                                                                                        |                |                                                                                                                                                                    |         |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 83653</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AG-AIR, INC.<br>JOHN T COOPER<br>P.O. BOX 962<br>BURLEY ID 83318 |         | JOHN T COOPER<br>2445 RIVER RD<br>HEYBURN ID 83336 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                    |         | 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                                                                                                                                               | SUSAN C COOPER | 2445 RIVER RD                                                                                                                                                      | HEYBURN | ID                                                 | USA     | 83336       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 83653</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: john t cooper<br>Name (type or print): john t cooper<br>Date: 05/16/2017<br>Title: president                       |         |                                                    |         |             |  |
| Processed 05/16/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                          |         |                                                    |         |             |  |