

|  |                          |   |  |  |             |                |                      |
|--|--------------------------|---|--|--|-------------|----------------|----------------------|
| No. <b>W 166967</b>  |                          | <b>Due no later than May 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                   |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                          | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>RISE ABOVE AERIAL IMAGING LLC<br>ANDREW OSMUNDSON<br>22456 S ANDERSON LAKE RD<br>HARRISON ID 83833 |  | ANDREW OSMUNDSON<br>22456 S ANDERSON LAKE RD<br>HARRISON ID 83833-8383 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                          |   |  | 3. <u>New</u> Registered Agent Signature:*                             |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                          |   |  |  |             |                |                      |
| Office Held<br>MANAGER   | Name<br>ANDREW OSMUNDSON | Street or PO Address<br>22456 S. ANDERSON LK RD   |  | City<br>HARRISON   | State<br>ID | Country<br>USA | Postal Code<br>83833 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 166967</b>                                |                          | 6. Annual Report must be signed.*<br><br>Signature: Andrew Osmundson<br>Name (type or print): Andrew Osmundson<br><br>Date: 05/02/2017<br>Title: Managing Member    |  |  |             |                |                      |
| Processed 05/02/2017 * Electronically provided signatures are accepted as original signatures.     |                          |   |  |  |             |                |                      |