

|                                                                                                                                                        |              |                                                                                                                                                                        |            |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 144770</b>                                                                                                                                    |              | <b>Due no later than Jul 31, 2015</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>BLUE SKY HANGARS ASSOCIATION, INC.<br>GREG GFELLER<br>5071 INVERNESS DR<br>POST FALLS ID 83854<br>USA |            | GREG GFELLER<br>5071 INVERNESS DR<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                        |            | 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                                                                                                                                              | GREG GFELLER | 5071 INVERNESS DR                                                                                                                                                      | POST FALLS | ID                                                       | USA     | 83854       |  |
| SECRETARY                                                                                                                                              | RUTH GFELLER | 5071 INVERNESS DR.                                                                                                                                                     | POST FALLS | ID                                                       | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 144770</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Greg Gfeller<br>Name (type or print): Greg Gfeller                                                                     |            |                                                          |         |             |  |
|                                                                                                                                                        |              | Date: 08/13/2015<br>Title: President                                                                                                                                   |            |                                                          |         |             |  |
| Processed 08/13/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                              |            |                                                          |         |             |  |