

|                                                                                                                                                        |                 |                                                                                                                    |         |                                                                      |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 142365</b>                                                                                                                                    |                 | <b>Due no later than Sep 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>1. Mailing Address: Correct in this box if needed.</b><br><br>PAR AVION, LLC<br>PO BOX 8880<br>KETCHUM ID 83340 |         | STEVEN GIACOBBI INC<br>540 2ND AVE N. SUITE #101<br>KETCHUM ID 83340 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                    |         | 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                                                                                                                                                | STEVEN GIACOBBI | PO BOX 8880                                                                                                        | KETCHUM | ID                                                                   | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                  |         |                                                                      |         |                  |  |
| <b>ID<br/>W 142365</b>                                                                                                                                 |                 | Signature: Steven Giacobbi                                                                                         |         |                                                                      |         | Date: 07/26/2017 |  |
|                                                                                                                                                        |                 | Name (type or print): Steven Giacobbi                                                                              |         |                                                                      |         | Title: Manager   |  |
| Processed 07/26/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                          |         |                                                                      |         |                  |  |