

|  |                  |   |        |   |         |             |  |
|--|------------------|---|--------|---|---------|-------------|--|
| No. <b>W 84877</b>   |                  | <b>Due no later than Jun 30, 2014</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>I.I. FLY, LLC<br>KENNETH R STRAWN<br>268 N HWY 20<br>ASHTON ID 83420<br>USA |        | KENNETH RAY STRAWN<br>268 N HWY 20<br>ASHTON ID 83420 |         |             |  |
|  |                  |   |        | 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  | KENNETH R STRAWN | 268 N.U.S. 20   | ASHTON | ID  | USA     | 83420       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84877</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Ken Strawn<br>Name (type or print): Ken Strawn<br>Date: 06/13/2014<br>Title: Mgr/owner  |        |   |         |             |  |
| Processed 06/13/2014   |                  | * Electronically provided signatures are accepted as original signatures.   |        |   |         |             |  |