

|                                                                                                                                                        |            |                                                                                                                                                                                         |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 30337</b>                                                                                                                                     |            | <b>Due no later than Apr 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>AIRPOWER UNLIMITED, LLC<br>NANCY LANE<br>472 B STATE HWY 25<br>JEROME ID 83338<br>USA |        | JOHN LANE<br>472 B STATE HWY 25<br>JEROME ID 83338 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                                         |        | 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 |  |
| MEMBER                                                                                                                                                 | JOHN LANE  | 472 B STATE HWY 25                                                                                                                                                                      | JEROME | ID                                                 | USA     | 83338       |  |
| MEMBER                                                                                                                                                 | NANCY LANE | 472 B STATE HWY 25                                                                                                                                                                      | JEROME | ID                                                 | USA     | 83338       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 30337</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: nancy Lane<br>Name (type or print): nancy Lane<br>Date: 02/27/2014<br>Title: Member/sec                                                 |        |                                                    |         |             |  |
| Processed 02/27/2014                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                               |        |                                                    |         |             |  |