

|                                                                                                                                                        |                    |                                                                                                                                                                                |        |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 145461</b>                                                                                                                                    |                    | <b>Due no later than Dec 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>EMPIRE UNMANNED, LLC<br>EMPIRE AIRLINES INC.<br>11559 N ATLAS RD<br>C/O TIMOTHY D KOMBEREC<br>HAYDEN ID 83835 |        | TIMOTHY D KOMBEREC<br>11559 N ATLAS RD<br>HAYDEN ID 83835 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                |        | 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                                                                                                                                                 | TIMOTHY D KOMBEREC | 11559 N ATLAS RD                                                                                                                                                               | HAYDEN | ID                                                        | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 145461</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Scott J Smith<br>Name (type or print): Scott J Smith                                                                           |        |                                                           |         |             |  |
|                                                                                                                                                        |                    | Date: 11/23/2015<br>Title: Accountant                                                                                                                                          |        |                                                           |         |             |  |
| Processed 11/23/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                      |        |                                                           |         |             |  |