

|                                                                                                                                                        |                  |                                                                                                                                             |       |                                                       |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------------|--|
| No. <b>C 175931</b>                                                                                                                                    |                  | <b>Due no later than Nov 30, 2013</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>BOI AIR EXPRESS, INC.<br>TIMOTHY S MURPHY<br>1969 ROANOKE DR<br>BOISE ID 83712 |       | TIMOTHY S MURPHY<br>1969 ROANOKE DR<br>BOISE ID 83712 |         |                   |  |
|                                                                                                                                                        |                  |                                                                                                                                             |       | 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                                                                                                                                              | TIMOTHY S MURPHY | 1969 ROANOKE                                                                                                                                | BOISE | ID                                                    | USA     | 83712             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                           |       |                                                       |         |                   |  |
| <b>ID<br/>C 175931</b>                                                                                                                                 |                  | Signature: Pat Murphy                                                                                                                       |       |                                                       |         | Date: 11/13/2013  |  |
|                                                                                                                                                        |                  | Name (type or print): Pat Murphy                                                                                                            |       |                                                       |         | Title: Bookkeeper |  |
| Processed 11/13/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                   |       |                                                       |         |                   |  |