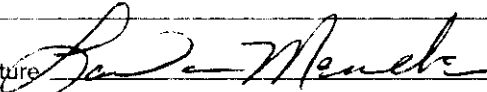
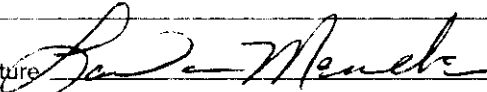
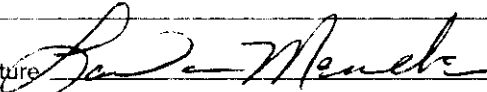


No. C 149414	Due no later than June 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX MIKE MENCKE 505 WEST 20TH ST IDAHO FALLS, ID 83402																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable AIR PRO, INC. MIKE MENCKE 505 WEST 20TH ST 1940 AVOCET dr. IDAHO FALLS, ID 83402 Ammon ID 83406	3. New Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>MIKE MENCKE</td> <td>1940 AVOCET dr.</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>Secretary</td> <td>LAWANA MENCKE</td> <td>1940 AVOCET dr.</td> <td>Ammon</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	MIKE MENCKE	1940 AVOCET dr.	Ammon	ID	83406	Secretary	LAWANA MENCKE	1940 AVOCET dr.	Ammon	ID	83406
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5. Organized Under the Laws of: IDAHO C 149414	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date 6-21-05 </td> </tr> <tr> <td> Name (Typed or Printed) LAWANA MENCKE </td> <td> Title Secretary </td> </tr> </table>		Signature 	Date 6-21-05	Name (Typed or Printed) LAWANA MENCKE	Title Secretary														
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