

|                                                                                                                                                        |                   |                                                                                                                                           |        |                                                          |         |                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|--------------------------------|--|
| No. <b>W 83136</b>                                                                                                                                     |                   | <b>Due no later than Apr 30, 2016</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>1030 AIRPORT WAY, LLC<br>PATRICIA A NICKUM<br>PO BOX 4108<br>HAILEY ID 83333 |        | PATRICIA A NICKUM<br>1020 AIRPORT WAY<br>HAILEY ID 83333 |         |                                |  |
|                                                                                                                                                        |                   |                                                                                                                                           |        | 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                                                                                                                                                 | PATRICIA A NICKUM | PO BOX 4108                                                                                                                               | HAILEY | ID                                                       | USA     | 83333                          |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 83136</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Annette Goicoechea<br>Name (type or print): Annette Goicoechea                            |        |                                                          |         | Date: 02/25/2016<br>Title: CFO |  |
| Processed 02/25/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                 |        |                                                          |         |                                |  |