

No. <b>W 106482</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TIM WILSON 1339 WEST CHATEAU AVE. MERIDIAN ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WILSONAIRCRAFT LLC TIM WILSON 1339 WEST CHATEAU AVE. MERIDIAN ID 83646 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tim Wilson</td> <td>1339 West Chateau</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Amanda Wilson</td> <td>1339 West Chateau</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tim Wilson	1339 West Chateau	Meridian	ID	USA	83646	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amanda Wilson	1339 West Chateau	Meridian	ID	USA	83646	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 106482</b>	6. Signature: <u>Tim Wilson</u> Date: <u>12-29-14</u> Name (type or print): <u>Tim Wilson</u> Title: <u>Manager</u>																																					
Issued 12/29/2014 by DK1																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**