



0005182587

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State  
 PO Box 83720  
 Boise, ID 83720-0080  
 (208) 334-2301  
 Filing Fee: \$0.00

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File #: 0005182587

Date Filed: 4/5/2023 11:45:30 AM

| Entity Name and Mailing Address:<br><b>Entity Name:</b> LEFT TURN AIR LLC<br><b>The file number of this entity on the records of the Idaho Secretary of State is:</b> 0000450771<br><b>Address</b> 4632 W GARDEN CT<br>BOISE, ID 83705-3986  |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |
|--|---------|--------------------------------------|-------|------------------|-----------------|---------|--------------------------------------|-----------------|---------|--------------------------------------|
| <b>Entity Details:</b><br><b>Entity Status</b> Active-Existing<br><b>This entity is organized under the laws of:</b> IDAHO<br><b>If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:</b> W148106   |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |
| The registered agent on record is:<br><b>Registered Agent</b> BRIAN K REBERRY<br><b>Physical Address</b> 4632 W GARDEN CT<br>BOISE, ID 83705<br><b>Mailing Address</b>   |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |
| Agent or Address Change<br><input type="checkbox"/> Select if you are appointing a new agent.  |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |
| Limited Liability Company Managers and Members <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name</th> <th style="text-align: left; padding: 2px;">Title</th> <th style="text-align: left; padding: 2px;">Business Address</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Brian K Reberry</td> <td style="padding: 2px;">Manager</td> <td style="padding: 2px;">4632 W. GARDEN CT<br/>BOISE, ID 83705</td> </tr> <tr> <td style="padding: 2px;">Sherawn Reberry</td> <td style="padding: 2px;">Manager</td> <td style="padding: 2px;">4632 W. GARDEN CT<br/>BOISE, ID 83705</td> </tr> </tbody> </table> |         | Name                                 | Title | Business Address | Brian K Reberry | Manager | 4632 W. GARDEN CT<br>BOISE, ID 83705 | Sherawn Reberry | Manager | 4632 W. GARDEN CT<br>BOISE, ID 83705 |
| Name   | Title   | Business Address                     |       |                  |                 |         |                                      |                 |         |                                      |
| Brian K Reberry  | Manager | 4632 W. GARDEN CT<br>BOISE, ID 83705 |       |                  |                 |         |                                      |                 |         |                                      |
| Sherawn Reberry  | Manager | 4632 W. GARDEN CT<br>BOISE, ID 83705 |       |                  |                 |         |                                      |                 |         |                                      |
| The annual report must be signed by an authorized signer of the entity.<br><b>Job Title:</b> Manager   |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |
| <b>Brian Reberry</b> <u>04/05/2023</u><br>Sign Here <u>Date</u>  |         |                                      |       |                  |                 |         |                                      |                 |         |                                      |