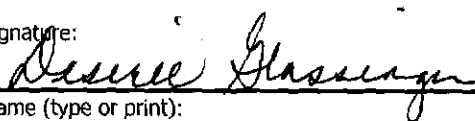


<b>No. W 17007</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BRECK GLASSINGER 472 C STATE HIGHWAY 25 JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> JEROME FLYING SERVICE, LLC DESIREE GLASSINGER 472 C STATE HIGHWAY 25 JEROME ID 83338		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Breck Glassinger	472 C State Hwy 25	Jerome,	ID	USA	83338
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Desiree Glassinger	472 C State Hwy 25	Jerome,	ID	USA	83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 17007</div>	6. Signature: <u></u> Name (type or print): <u>Desiree Glassinger</u> Member <input type="checkbox"/> Date: <u>3/28/2016</u> Title: _____
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Issued 03/28/2016 by online