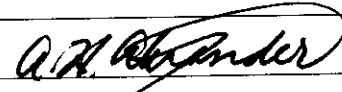


No. W 11449	Due no later than Mar 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES P SPECK 120 EAST AVENUE KETCHUM, ID 83340																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SUMMIT AVIATION, LLC PO BOX 1222 1657 KETCHUM, ID 83340 SUN VALLEY, ID 83353	3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 35%;"><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: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member</td> <td>A. Herbert Alexander, MD</td> <td>PO Box 1657</td> <td>Sun Valley, ID</td> <td></td> <td>83353</td> </tr> <tr> <td>"</td> <td>J. V. Brown</td> <td>PO Box 5593</td> <td>Ketchum, ID</td> <td></td> <td>83340</td> </tr> <tr> <td>"</td> <td>Chris M. Mazzola, DDS</td> <td>PO Box 1222</td> <td>Ketchum, ID</td> <td></td> <td>83340</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>	member	A. Herbert Alexander, MD	PO Box 1657	Sun Valley, ID		83353	"	J. V. Brown	PO Box 5593	Ketchum, ID		83340	"	Chris M. Mazzola, DDS	PO Box 1222	Ketchum, ID		83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
member	A. Herbert Alexander, MD	PO Box 1657	Sun Valley, ID		83353																					
"	J. V. Brown	PO Box 5593	Ketchum, ID		83340																					
"	Chris M. Mazzola, DDS	PO Box 1222	Ketchum, ID		83340																					
5. Organized Under the Laws of: IDAHO W 11449	6. Signature  Name (Typed or Printed) <u>A. Herbert Alexander, MD</u> Date <u>2/7/01</u> Title <u>member</u> XXXX																									