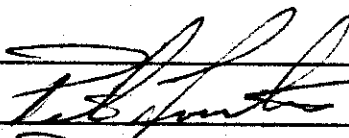


No. W 45932		Due no later than December 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable FOUNTAIN FLYING SERVICE - GENESEE, PO BOX 416 GENESEE, ID 83832-0416		PETER FOUNTAIN 134 N TAMARACK GENESEE, ID 83832	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	PETER FOUNTAIN	134 N. TAMARACK	GENESEE	IDAHO	83832
5. Organized Under the Laws of: IDAHO W 45932		6. Signature  Name (Typed or Printed) PETE FOUNTAIN		Date 10-10-07 Title MANAGER	

Issued 10/01/2007

Do Not Tape or Staple

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