

No. W 81906	Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LEWAYNE SCHORZMAN 1103 E 3500 N BUHL ID 83316																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. S & L AVIATION, LLC 1103 E 3500 N BUHL ID 83316		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: 30%;">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: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LEWAYNE SCHORZMAN</td> <td>1103 E 3500 N BUHL ID.</td> <td>T.F.</td> <td></td> <td></td> <td>83316</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	LEWAYNE SCHORZMAN	1103 E 3500 N BUHL ID.	T.F.			83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center; font-weight: bold;"> IDAHO W 81906 </div>	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Signature:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Lewayne H. Schorzman</i></td> <td style="border-bottom: 1px solid black; text-align: center;">3-22-13</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">LEWAYNE H. SCHORZMAN</td> <td style="border-bottom: 1px solid black; text-align: center;">MEMBER</td> </tr> </table>			Signature:	Date:	<i>Lewayne H. Schorzman</i>	3-22-13	Name (type or print):	Title:	LEWAYNE H. SCHORZMAN	MEMBER																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM