

SOS Control Number: 482232

Limited Liability Company (D)

Name and Mailing Address: AVIATION ADVENTURES, LLC



PO BOX 65

BERT JURAK

Manager/Member

Mgr ∏Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem

(7) Type/Print Name:

Mem

Mgr [

HANSEN, ID 83334

333 ROCK CREEK RD #9 HANSEN, ID 83334

(3) New Registered Agent (RA) Signature:

Name

Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

Registered Agent (RA) and Registered Office (RO) Address:

Reporting Year: 2018

Filing Status: Active-Existing Date Formed: 11/24/2015

B0027-457<u>4</u> Return completed form within 30 days Idaho Secretary of State 11/16/2018 Attn: Annual Reports 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300 Formation Locale: ID (1) Add or Change Mailing Address: Received (2) Change RA and/or RO Address: Note: The Registered Office address must be a physical Idaho address (no postal box). (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. City, State, Zip

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Mgr Mem Mgr Mem (5) Signature: (6) Date:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Business Address

(8) Title:

Sign and date this form and return to the address provided above