

FILED EFFECTIVE

No. W 94990	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) NORTHWEST REGISTERED AGENT LLC 105 S 6TH STE A COEUR D ALENE ID 83814 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. UNITED CAPITAL AIR LLC 424 E SHERMAN AVE STE 305 COEUR D ALENE ID 83814 11392 AVONDALE LOOP HAYDEN LAKE, ID 83835		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>OWNER Manager ☒ Member ☐</td> <td colspan="6">WILLIAM STOOKEY, 11392 AVONDALE, HAYDEN, ID USA</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	OWNER Manager ☒ Member ☐	WILLIAM STOOKEY, 11392 AVONDALE, HAYDEN, ID USA						Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 94990		6. Signature: <u>William B. Stookey</u> Name (type or print): <u>WILLIAM B. STOOKEY</u> Date: <u>7-16-12</u> Title: <u>mgr</u>																																				