

No. J 917		Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		JOHN LARSON 941 W.HACKAMORE CT nampa ID 83686-8368			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		IDA-AIR LLP john W larson 914 W.HACKAMORE CT nampa id 83686 USA					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	JOHN LARSON	941 HACKAMORE CT	NAMPA	ID	USA	83686	
PARTNER	TERRY LARSON	512 12TH AVE RD	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 917		Signature: john larson			Date: 06/27/2016		
		Name (type or print): john larson			Title: partner		
Processed 06/27/2016		* Electronically provided signatures are accepted as original signatures.					