No. <b>W 42423</b>		Due no later than Aug 31, 2008		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BENJAMIN PHILLIP CARDON 395 WILLARD AVE POCATELLO ID 83201			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  CARDON AERIAL IMAGING L.L.C.  BENJAMIN P CARDON  853A SAMUEL ST.		d.				
		POCATELLO ID 83204		3.	3. New Registered Agent Signature:*			
		USA						
4. Limited Liability Comp	panies: Enter Na	mes and Addresses o	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	BENJAMIN P JESSE RAE	HILLIP CARDON CARDON	853A SAMUEL ST. 853A SAMUEL ST.		POCATELLO POCATELLO	ID ID	USA USA	83201 83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Benjamin P. Cardon			Date: 08/12/2008			
W 42423		Name (type or print): Benjamin P. Cardon			Title: Member			
Processed 08/12/2008		* Electronically prov	ided signatures are accepted as origir	nal signati	ures.			