No. W 45932		Due no later than Dec 31, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PETER FOUNTAIN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FOUNTAIN FLYING SERVICE - GENESEE, LLC PETE T FOUNTAIN P.O. BOX 185 GENESEE ID 83832-0185		_	1290 GRAY EAGLE RD. GENESEE ID 83832 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER PETER FOUNTAIN		NTAIN	1290 GRAY EAGLE RD.		GENESEE	ID		83832
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 45932		Signature: Pete Fountain			Date: 12/03/2017			
		Name (type or print): Pete Fountain			Title: Manager			
Processed 12/03/2017 * Electronically provided signatures are accepted as original signatures.								