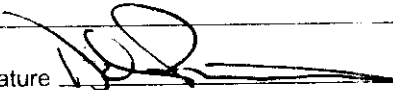


<b>No. W 22627</b>	<b>Due no later than February 29, 2004 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  DALE G PRITCHARD 2827 CASSANDRA HILLS RD  ST MARIES, ID 83861												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable WHITEPINE AVIATION, LLC  PO BOX 264  ST MARIES, ID 83861	3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">MANAGER</td> <td style="vertical-align: top;">DALE PRITCHARD</td> <td style="vertical-align: top;">PO BOX 264</td> <td style="vertical-align: top;">ST. MARIES</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83861</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	DALE PRITCHARD	PO BOX 264	ST. MARIES	ID	83861
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	DALE PRITCHARD	PO BOX 264	ST. MARIES	ID	83861									
5. Organized Under the Laws of:  IDAHO W 22627	6.  Signature _____ Date <u>1-22-04</u> Name <small>(Typed or Printed)</small> <u>DALE PRITCHARD</u> Title <u>MGR</u>													