

No. <b>W 78570</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CRANDALL AIR LLC <del>709 MAIN ST</del> <del>BUHL ID 83316</del>  800 12th Ave North Buhl, ID 83316		ROBERT D WALKER 709 MAIN ST BUHL ID 83316																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Robert D Walker</td> <td>800 12th Ave N</td> <td>Buhl ID</td> <td>Twin Falls</td> <td></td> <td>83316</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lucianne J Walker</td> <td>800 12th Ave N</td> <td>Buhl, ID</td> <td>Twin Falls</td> <td></td> <td>83316</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert D Walker	800 12th Ave N	Buhl ID	Twin Falls		83316	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lucianne J Walker	800 12th Ave N	Buhl, ID	Twin Falls		83316	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 78570</b>	6. Signature: <u>Robert D Walker</u> Date: <u>2-13-2012</u> Name (type or print): <u>Robert D Walker</u> Title: <u>Manager</u>																																					
Issued 02/12/2013 by JLI																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**