No. W 49448	Due no later than Apr 30, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		GREG GFELLER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	NAME OF THE PERSON OF THE PERS	5071 INVERNESS DRIVE POST FALLS ID 83854			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SELKIRK MOUNTAIN AERO LLC. GREG GFELLER 5071 INVERNESS DRIVE	POST FALLS				
	POST FALLS ID 83854	3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER GREG GFEL		POST FALLS	ID		83854	
MANAGER RUTH GFEL	LER 5071 INVERNESS DR	POST FALLS	ID		83854	
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID ID	ID Signature: greg gfeller		Date: 03/07/2018			
W 49448	Name (type or print): greg gfeller		Title: manager			
Processed 03/07/2018	* Electronically provided signatures are accepted as original signatures.					