No. <b>W 21256</b>	Due no later than Nov 30, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)		
Return to:	Annual Report Form		TIM CHARLES 5017 AVIATION WAY CALDWELL ID 83605  3. New Registered Agent Signature:*		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  FLIGHT DOCTOR WEST, L.L.C.  TIM CHARLES PO BOX 1015  CALDWELL ID 83606	CALDWELL 1			
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
MEMBER TIM CHARL MEMBER FLIGHT LINE		BOISE BOISE	ID ID	USA USA	83709 83709
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID Signature: Tim Charles		Date: 09/28/2011			
W 21256	Name (type or print): Tim Charles	Title: Managing Member			
Processed 09/28/2011	* Electronically provided signatures are accepted as original signatures.				