W 47014	Due no later than January 31, 2008	2. Registered Agent and Office NO PO BOX
No.	Annual Report Form	TIM CHARLES
etum to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable FLIGHT DOCTOR WEST II, LLC. PO BOX 1015 CALDWELL, ID 83606	CALDWELL, ID 60000
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE Limited Liability Compar	nies: Enter Names and Addresses of Managers.	
Office held Name MANAGER TYM CHARL	Street of P.O. Address M716 HUBLER LN. CALDU	UBU, ID. 83605
F-041011007 1221 C-04171100		4
	6. Post S	
5. Organized Under the Laws of:		Date 11-26-07 Title MANACER 200801008722