

No. <b>W 158794</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/24/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BERT JURAK 333 ROCK CREEK RD #9 HANSEN ID 83334				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> AVIATION ADVENTURES, LLC PO BOX 65 HANSEN ID 83334		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bert Jurak	Po Box 65	Hansen Id USA 83334				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Susan Jurak	Po Box 65	Hansen Id USA 83334				
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">             IDAHO              W 158794           </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           Signature:  </td> <td style="width: 50%;">           Date:            3-21-17         </td> </tr> <tr> <td>           Name (type or print):            Bert Jurak         </td> <td>           Title:            Manager         </td> </tr> </table>		Signature: 	Date: 3-21-17	Name (type or print): Bert Jurak	Title: Manager
Signature: 	Date: 3-21-17						
Name (type or print): Bert Jurak	Title: Manager						
Issued 03/14/2017 by online							