No. C 150823	Due no later than Sep 30, 2009 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) PETER KLINE REED MEMORIAL AIRPORT DRIGGS ID 84322
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. TETON AVIATION WEST OWNERS ASSOCIATION, INC.	
NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 869 DRIGGS ID 84322	3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.		
Office Held Name A Street or RO Address City State Country Postal Code		
Office Held Name Street or RO Address City State Country Postal Code ROSINON DIRECTOR SIDES HOUSEN TO BOX 489 JACKEN WY USA 83001		
SOCRETARY/TREASURER MARK LAJOHN & Box 489 JAEKSON WY 8300/		
DIRECTOR	counie WURAPS PO DOX 489	Thereon wy \$300/
Divecto 1Z	CHAD STETLETZ PU BOX 480	of Thenson wy 8300)
E Occasional Haday the Law		2
5. Organized Under the Law	/s of:  6.	Date: //2/00
IDAHO	Signature.	Date: /1/2/09
C 150823	Name (type or print): MARK LAD	Ha Title: SAZATABY
Issued 10/30/2009 by CLH		200909002437

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the