

No. W 2536		Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TETON AVJET, LLC BRIAN LORENZ PO BOX 489 JACKSON WY 83001 USA		PETER KLINE 253 WARBIRD LANE DRIGGS ID 83422			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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 MANAGER	DR RICHARD SUGDEN MD MARK LAJOHN	PO BOX 3081 PO BOX 489	JACKSON JACKSON	WY WY	USA	83001 83001	
5. Organized Under the Laws of: WY W 2536		6. Annual Report must be signed.* Signature: Patricia Reed Name (type or print): Patricia Reed Date: 04/23/2015 Title: Bookkeeper					
Processed 04/23/2015 * Electronically provided signatures are accepted as original signatures.							