

No. W 40475	Due no later than June 30, 2006		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form															
	1. Mailing Address - Correct in this box, if applicable CAROB AIR II, L.L.C. CO STEPHAN KVANVIG STONE & TRAINOR PO BOX 83 TWIN FALLS, ID 83303		KEVIN F TRANOR 102 MAIN AVE S STE #3 TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member:</td> <td>Robert M. Shine</td> <td>29 Hamner Dr.</td> <td>Salmon</td> <td>Idaho</td> <td>83467</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member:	Robert M. Shine	29 Hamner Dr.	Salmon	Idaho	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member:	Robert M. Shine	29 Hamner Dr.	Salmon	Idaho	83467											
5. Organized Under the Laws of: IDAHO W 40475		6. Signature <u>Robert M. Shine</u> Date <u>5-10-06</u> Name (Typed or Printed) <u>Robert M. Shine</u> Title <u>Member</u>														

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