

No. W 69499	Due no later than Dec 31, 2013 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LOHMAN HELICOPTER, LLC. CHRISTINE T LOHMAN 30627 CHUTE RD KENDRICK ID 83537-7004 USA		CHRISTINE T LOHMAN 30627 CHUTE RD KENDRICK ID 83537-7004			
			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
MANAGER	MORGAN D LOHMAN	30627 CHUTE RD	KENDRICK	ID	USA	83537
MANAGER	DOUGLAS H LOHMAN	30627 CHUTE RD	KENDRICK	ID	USA	83537
MANAGER	CHRISTINE T LOHMAN	30627 CHUTE RD	KENDRICK	ID	USA	83537
5. Organized Under the Laws of: ID W 69499	6. Annual Report must be signed.* Signature: Christine Lohman Name (type or print): Christine Lohman		Date: 10/22/2013 Title: Cfo			
Processed 10/22/2013		* Electronically provided signatures are accepted as original signatures.				