

No. W 21256	Due no later than Nov 30, 2016 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.		TIM CHARLES 5017 AVIATION WAY CALDWELL ID 83605-8360			
	FLIGHT DOCTOR WEST, L.L.C. TIM CHARLES 5017 AVIATION WAY CALDWELL ID 83605 USA		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	TIM CHARLES	5017 AVIATION WAY	CALDWELL	ID	USA	83605
MEMBER	TIM FLIGHT LINE, INC.	5017 AVIATION WAY	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID W 21256	6. Annual Report must be signed.*					
		Signature: Tim Charles	Date: 09/29/2016			
		Name (type or print): Tim Charles	Title: Member			
Processed 09/29/2016		* Electronically provided signatures are accepted as original signatures.				