No. **J 917**	**Due no later than Aug 31, 2011** **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.** IDA-AIR LLP JOHN W LARSON 512 12TH AVE RD NAMPA ID 83686	JOHN LARSON 512 12TH AVE RD NAMPA ID 83686 3. New Registered Agent Signature:*

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	JOHN LARSON	512 12TH AVE RD	NAMPA	ID	USA	83686
PARTNER	TERRY LARSON	512 12TH AVE RD	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **J 917**	Signature: John Larson	Date: 09/22/2011
	Name (type or print): John Larson	Title: Partner

Processed 09/22/2011

* Electronically provided signatures are accepted as original signatures.