

No. W 47014

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

FLIGHT DOCTOR WEST II, LLC.  
PO BOX 1015  
CALDWELL, ID 83606

TIM CHARLES  
4716 HUBBLER LANE  
CALDWELL, ID 83605

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGING MEMBER	TIM CHARLES	5241 SILVER SPR	BOISE	ID.	83709

5. Organized Under the Laws of:

IDAHO  
W 47014

6.

Signature

Name (Typed or Printed)

TIM CHARLES

Date

12-5-08

Title

MANAGING

Issued 11/05/2008

Do Not Tape or Staple

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