No. <b>W 69499</b>		Due no later than Dec 31, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHRISTINE T LOHMAN  30627 CHUTE RD  KENDRICK ID 83537-7004			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LOHMAN HELICOPTER, LLC.  CHRISTINE T LOHMAN  30627 CHUTE RD  KENDRICK ID 83537-7004  USA						
				3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
2001 000 11	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER M	IANAGER MORGAN D LOHMAN		2227 CAROL DRIVE		LEWISTON	ID	USA	83501
MANAGER DOUGLAS H LC		LOHMAN	30627 CHUTE RD		KENDRICK	ID	USA	83537-7004
MANAGER C	CHRISTINE	Γ LOHMAN	30627 CHUTE RD		KENDRICK	ID	USA	83537-7004
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 69499		Signature: Christine Lohman			Date: 12/18/2012			
		Name (type or print): Christine Lohman			Title: CFO/Treasurer			
Processed 12/18/2012	* Electronically provided signatures are accepted as original signatures.							