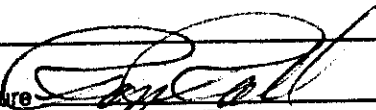


No. W 4869	Due no later than October 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX RICHARD M PENN 1593 E POLSTON POST FALLS, ID 83854																									
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address + Correct in this box, if applicable LAKE CITY HANGARS, LLC RICHARD M PENN 1593 E POLSTON POST FALLS, ID 83854		3. New Registered Agent Signature																									
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Richard Penn</td> <td>1593 E Polston</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Manager</td> <td>Ron Rock</td> <td>1593 E Polston</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Manager</td> <td>Michael Christensen</td> <td>1593 E Polston</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Richard Penn	1593 E Polston	Post Falls	ID	83854	Manager	Ron Rock	1593 E Polston	Post Falls	ID	83854	Manager	Michael Christensen	1593 E Polston	Post Falls	ID	83854
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5. Organized Under the Laws of: IDAHO W 4869		6. Signature  Name (Typed or Printed) <u>Ron Rock</u> Date <u>8-21-07</u> Title <u>Manager</u>																										

Issued 08/02/2007

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