No. J 917	Reinstatement Annual Report Form LLP REVOKED 12/01/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** IDA-AIR LLP JOHN W LARSON ~~512 12TH AVE RD~~ 3706 E. GREEN MEADOWS PL. NAMPA ID ~~83686~~ 83687	JOHN LARSON ~~512 12TH AVE RD~~ ~~NAMPA ID 83686~~ 3706 E. GREEN MEADOWS PL. NAMPA, ID. 83687
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

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

Partners Name	Street or PO Address	City	State	Country	Postal Code
JOHN LARSON	3706 E. GREEN MEADOWS P.	NAMPA	ID.		83687
TERRY LARSON	"	"	"		"

5. Organized Under the Laws of:	6.	
IDAHO J 917	Signature: John Larson	Date: 12-17-14
	Name (type or print): JOHN LARSON	Title: OWNER

Issued 12/15/2014 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM