

| No. <u>C111151</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Annual Report Form</b> 1975<br>Due No Later Than November 30,                                                                                                                                                                                                |                        | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br>WILLIAM S EVERY<br>1532 WASHINGTON SOUTH<br><br>TWIN FALLS ID 83331 |             |       |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
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| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br>* FIRST NOTICE *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Mailing Address - Please Correct, If Not Correct<br><br>MAGIC VALLEY AERO CLUB, INC.<br><del>WILLIAM S EVERY</del> % M. MAPES<br><del>1532 WASHINGTON SOUTH</del><br>821 E. AVE. B, Jerome, ID 83338<br><del>TWIN FALLS</del> ID <del>83331</del>            |                        | 3. Organized Under the Laws of:<br><br>ID C111151                                                                               |             |       |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |                        |                                                                                                                                 |             |       |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>BRIEN Godfrey</td> <td>1040 SPARKS</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>John Ellis</td> <td>910 Shoshone St. E.</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>Michael MAPES</td> <td>821 EAST AVE. B</td> <td>JEROME,</td> <td>ID</td> <td>83338</td> </tr> <tr> <td>DIRECTOR</td> <td>GREG URBANY</td> <td>P.O. Box 546</td> <td>HAILEY,</td> <td>ID</td> <td>83333</td> </tr> <tr> <td>DIRECTOR</td> <td>JACK Southwick</td> <td>P.O. Box 186</td> <td>BUHL,</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>DIRECTOR</td> <td>CRAIG MAKI</td> <td>1213 EVERGREEN DR.</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                 |                        |                                                                                                                                 | Office held | Name  | Street or P.O. Address | City | State | Zip | PRESIDENT | BRIEN Godfrey | 1040 SPARKS | TWIN FALLS, | ID | 83301 | VICE PRESIDENT | John Ellis | 910 Shoshone St. E. | TWIN FALLS, | ID | 83301 | SECRETARY | Michael MAPES | 821 EAST AVE. B | JEROME, | ID | 83338 | DIRECTOR | GREG URBANY | P.O. Box 546 | HAILEY, | ID | 83333 | DIRECTOR | JACK Southwick | P.O. Box 186 | BUHL, | ID | 83316 | DIRECTOR | CRAIG MAKI | 1213 EVERGREEN DR. | TWIN FALLS, | ID | 83301 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name                                                                                                                                                                                                                                                            | Street or P.O. Address | City                                                                                                                            | State       | Zip   |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BRIEN Godfrey                                                                                                                                                                                                                                                   | 1040 SPARKS            | TWIN FALLS,                                                                                                                     | ID          | 83301 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| VICE PRESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | John Ellis                                                                                                                                                                                                                                                      | 910 Shoshone St. E.    | TWIN FALLS,                                                                                                                     | ID          | 83301 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| SECRETARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Michael MAPES                                                                                                                                                                                                                                                   | 821 EAST AVE. B        | JEROME,                                                                                                                         | ID          | 83338 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GREG URBANY                                                                                                                                                                                                                                                     | P.O. Box 546           | HAILEY,                                                                                                                         | ID          | 83333 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JACK Southwick                                                                                                                                                                                                                                                  | P.O. Box 186           | BUHL,                                                                                                                           | ID          | 83316 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CRAIG MAKI                                                                                                                                                                                                                                                      | 1213 EVERGREEN DR.     | TWIN FALLS,                                                                                                                     | ID          | 83301 |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |
| 5. NATURE OF BUSINESS<br><br>FLYING CLUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Michael C. Mapes</u> Date <u>10/21/96</u><br>Name (Typed or Printed) <u>MICHAEL C. MAPES</u> Title <u>SECRETARY</u> |                        |                                                                                                                                 |             |       |                        |      |       |     |           |               |             |             |    |       |                |            |                     |             |    |       |           |               |                 |         |    |       |          |             |              |         |    |       |          |                |              |       |    |       |          |            |                    |             |    |       |

ISSUED: 07-06-1995

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