No. W 45932		Due no later than Dec 31, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PETER FOUNTAIN 134 N TAMARACK GENESEE ID 83832			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		FOUNTAIN FLYING SERVICE - GENESEE, LLC PETE T FOUNTAIN PO BOX 416						
		GENESEE ID 83832-0416		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER PETER FOUN		NTAIN	PO BOX 416		GENESEE	ID	USA	83832
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Pete Fountain			Date: 10/27/2009			
W 45932		Name (type or print): Pete Fountain			Title: Manager			
* Electronically provided signatures are accepted as original signatures.								