

No. W 55131	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) DONALD VAUGHN KILBORN 2872 ELIZABETH BLVD TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. KILBORN AVIATION LLC DONALD VAUGHN KILBORN 2872 ELIZABETH BLVD TWIN FALLS ID 83301		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code			3. <u>New</u> Registered Agent Signature.
<p>Pres - Donald Vaughn Kilborn 2872 Elizabeth Blvd TF ID 83301</p>			
5. Organized Under the Laws of: IDAHO W 55131	6. Signature: <u>D. Vaughn Kilborn</u> Date: <u>02-16-10</u> Name (type or print): <u>D. Vaughn Kilborn</u> Title: <u>Pres</u>		
Issued 01/21/2010 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.