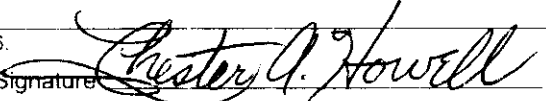
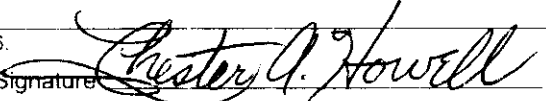
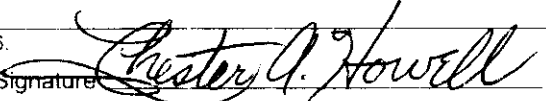


No. W 2796	Due no later than August 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LITEHAWK AVIATION L.L.C., AN IDAHO CHESTER A HOWELL P O BOX 1969 SANDPOINT, ID 83864	CHESTER A HOWELL 1109 N ELLA AVE SANDPOINT, ID 83864 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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: 35%;"><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: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Litehouse, Inc.</td> <td>PO Box 1969</td> <td>Sandpoint</td> <td>ID</td> <td>83864</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>	Member	Litehouse, Inc.	PO Box 1969	Sandpoint	ID	83864
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Member	Litehouse, Inc.	PO Box 1969	Sandpoint	ID	83864									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 2796</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>7-13-04</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>Chester A. Howell</u> </td> <td> Title <u>Controller</u> </td> </tr> </table>		Signature 	Date <u>7-13-04</u>	Name (Typed or Printed) <u>Chester A. Howell</u>	Title <u>Controller</u>								
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