







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

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-FILED-

File #: 0003909901

Date Filed: 6/16/2020 11:11:36 AM

| Entity Name and Mailing Address:  |                       | 75.16              |  |                 |  |  |  |  |                     |     |  |
|---|-----------------------|--------------------|--|-----------------|--|--|--|--|---------------------|-----|--|
| Entity Name:  |                       | ZEUS FLIGHT II LLC |  |                 |  |  |  |  |                     |     |  |
| The file number of this entity on the records of of State is:           | f the Idaho Secretary | 0000               | 428138   |                 |  |  |  |  |                     |     |  |
| Address   |                       |                    | BROWN  |                 |  |  |  |  |                     |     |  |
|   |                       |                    | 08TH AVE NE  |                 |  |  |  |  |                     |     |  |
|   |                       | STE                | EVUE, WA 98004-5901  |                 |  |  |  |  |                     |     |  |
| Entity Details:   |                       |                    |  |                 |  |  |  |  |                     |     |  |
| Entity Status   |                       |                    | Active - Existing  |                 |  |  |  |  |                     |     |  |
| This entity is organized under the laws of:                             |                       |                    | IDAHO  |                 |  |  |  |  |                     |     |  |
| If applicable, the old file number of this entity on the records of the |                       |                    | W140403  |                 |  |  |  |  |                     |     |  |
| Idaho Secretary of State was:   |                       |                    |  |                 |  |  |  |  |                     |     |  |
| The registered agent on record is:                                      |                       |                    |  |                 |  |  |  |  |                     |     |  |
| Registered Agent  |                       |                    | CORPORATION SERVICE COMPANY Commercial Registered Agent Physical Address 12550 W EXPLORER DR STE 100 BOISE, ID 83713 |                 |  |  |  |  |                     |     |  |
|   |                       |                    |  |                 |  |  |  |  | Address             |     |  |
|   |                       |                    |  |                 |  |  |  |  | ) W EXPLORER DR STE | 100 |  |
|   |                       |                    |  |                 |  |  |  |  | E, ID 83713         |     |  |
| Agent or Address Change   |                       |                    |  |                 |  |  |  |  |                     |     |  |
| ☐ Select if you are appointing a new agent.                             |                       |                    |  |                 |  |  |  |  |                     |     |  |
| Limited Liability Company Managers and Members                          |                       |                    |  |                 |  |  |  |  |                     |     |  |
| Name  | Title                 |                    | Bus  | usiness Address |  |  |  |  |                     |     |  |
| ■ John French   | Manager               |                    | 114 WALL ST  |                 |  |  |  |  |                     |     |  |
|   |                       |                    | KETCHUM, ID 83340  |                 |  |  |  |  |                     |     |  |
| The annual report must be signed by an authorized signer of             | of the entity.        |                    |  |                 |  |  |  |  |                     |     |  |
| Kari Brown  |                       |                    |  | 06/16/2020      |  |  |  |  |                     |     |  |
| Sign Here   |                       |                    |  | Date            |  |  |  |  |                     |     |  |
|   |                       |                    |  | Date            |  |  |  |  |                     |     |  |
|   |                       |                    |  |                 |  |  |  |  |                     |     |  |
| Job Title: Controller   |                       |                    |  |                 |  |  |  |  |                     |     |  |
|   |                       |                    |  |                 |  |  |  |  |                     |     |  |