No. W 24176		Due no later than May 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. AIRLEASE, LLC PO BOX 1640 EAGLE ID 83616		[2	2. Registered Agent and Address (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				KIMBELL GOURLEY 225 N 9TH ST STE 820 BOISE ID 83702 3. New Registered Agent Signature:*				
4. Limited Liability Compa Office Held	nies: Enter Nai Name	mes and Addresses of a	t least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MANAGER JIL MANAGEM		MENT LLC	PO BOX 1640		EAGLE	ID		83616
5. Organized Under the Laws of: NV W 24176		6. Annual Report must be signed.* Signature: JIL Management LLC Name (type or print): JIL Management LLC			Date: 03/30/2017 Title: Manager			
Processed 03/30/2017 * Electronically provided signatures are accepted as original signatures.								