

No. <b>W 57692</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KNIPE AVIATION LLC JANEY KNIPE PO BOX 1031 BOISE ID 83701		JANEY KNIPE 860 BEACON ST BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHN KNIPE	PO BOX 1031	BOISE	ID	83701		
MEMBER	JANEY KNIPE	PO BOX 1031	BOISE	ID	83701		
5. Organized Under the Laws of:  <b>ID</b> <b>W 57692</b>		6. Annual Report must be signed.*  Signature: Janey Knipe Name (type or print): Janey Knipe					
		Date: 02/02/2016 Title: Member					
Processed 02/02/2016		* Electronically provided signatures are accepted as original signatures.					