

Form 501
(Revised 01/06)
Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX 512 463-5709
Filing Fee: \$40



**Application for Reservation
or Renewal of Reservation
of an Entity Name**

This space reserved for office use.

FILED
**In the Office of the
Secretary of State of Texas**
APR 07 2006
Corporations Section

Entity Name to be Reserved

The name must contain an appropriate organizational designation for the type of entity for which the name is to be reserved.

New application Renewal

If renewal, date and file number for reservation being renewed. Date: _____ File No. _____
dd/mm/yyyy

The undersigned applicant requests that the following entity name be reserved or renewed for a period of one hundred twenty (120) days:

Taylorcraft Aviation, L.L.C.

Entity Type

If the entity is a filing entity not indicated below, check the box for "other" and specify the entity type in the space provided.

The reservation of an entity name is to be used for the following type of entity (choose only one)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Domestic For-profit Corporation | <input type="checkbox"/> Domestic Professional Corporation | <input type="checkbox"/> Foreign Limited Liability Co. |
| <input type="checkbox"/> Foreign For-profit Corporation | <input type="checkbox"/> Foreign Professional Corporation | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Domestic Nonprofit Corporation | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Domestic Limited Liability Co. | <input type="checkbox"/> Other _____ |

Applicant Name

(Choose and complete either A or B.)

A. The applicant is an organized entity by the name of:

OR

B. The applicant is an individual by the name of:

Tom <i>First Name</i>	 <i>M. I.</i>	Garrick <i>Last Name</i>	 <i>Suffix</i>
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Applicant Address

5140 Chisolm Road <i>Street or Mailing Address</i>	Johns Island <i>City</i>	SC <i>State</i>	USA <i>Country</i>	29455 <i>Zip Code</i>
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Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: April 5, 2006



Signature of applicant, applicant's attorney or agent
Tom Fleming
Attorney for Tom Garrick