# FORM D



03058241

# 1231378

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
OMB Number	3235-0076
Expires:	August 31, 1998
Estimated ave	
hours per res	ponse 16.00

SEC USE ONLY							
Prefix	Serial						
DATE RECE	IVED						

Name of Offering ( check i	if this is an amendment an ock Offering	nd name has ch	anged, and inc	licate change.)		
Filing Under (Check box(es) tha		□ Rule 505	☐ Rule 506	☐ Section 4(6)	☐ ULOE	
Type of Filing: New Filing	☐ Amendment					
	A. BASIC	IDENTIFICA	TION DATA			
1. Enter the information request	ed about the issuer					
Name of Issuer ( check if the Prem Air, In	his is an amendment and r	name has chang	ed, and indica	te change.)		
Address of Executive Offices, 19540 Inte	(Number and Si RNOTIONAL BIVE			Telephone Number 90 6 8		rea Code)
Address of Principal Business O (if different from Executive Offi		treet, City, Stat	e, Zip Code)	Telephone Numbe	r (Including Ar	rea Code)
Brief Description of Business  AIR/INE P	lot Training	Sec. 17		A CONTRACTOR OF THE PARTY OF TH	PR	AY 0 7 2003
				WAY OF	Gill > a	ONEON
Type of Business Organization Of corporation	☐ limited partnership,	, already forme	d b	other (please sp	eçify)	FINANCIAL
☐ business trust	☐ limited partnership,	to be formed		- AND BUT	F.F.	
Actual or Estimated Date of Inc	· ·		Year 03 P			RE-INC. IN WA 3/31/03
Jurisdiction of Incorporation or		letter U.S. Post nada; FN for ot			· WA	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 8 8

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and ma	inaging partner	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,		,		•	•
Winkelse					
Business or Residence Address 19540 TA	ess (Number Hernation	and Street, City, State, Now & Blud, Ste.	Zip Code) 200 Sextle, U	IA 98188	• 19. d
Check Box(es) that Apply:			. /:	Director	☐ General and/or Managing Partner
Full Name (Last name first,	,	Christine A			· .
Business or Residence Addre			Zip Code)	·	
19540	INTERNI	ational Blud	#200, Seattle	, WA 981	88
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,  OBRIEN	if individual)	2 A	2°4		: 4
Business or Residence Addre	ss (Number THERN	and Street, City, State, State	Zip Code) Suite 200, S	eattle a	UA 98188
Check Box(es) that Apply:	1 -		☐ Executive Officer		General and/or Managing Partner
Full Name (Last name first,	if individual)			·	
Business or Residence Addre	ss (Number	and Street, City, State, 7	Zip Codé)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	s (Number a	and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>	2
Business or Residence Address	s (Number a	and Street, City, State, Z	ip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
full Name (Last name first, i	f individual)	104,			
Business or Residence Address	(Number a	nd Street, City, State, Z	ip Code)		

			14 J	B.	INFORM	LA NOITA	BOUT OF	FERING /	Y			
1. Has	the issuer	sold, or d	loes the iss	uer intend	to sell, to	o non-accr	edited inve	estors in th	is offering	?:		Yes No
			. Ar	iswer also	in Appen	dix, Colun	nn 2, if fil	ing under	ULOE.			
2. Wha	at is the mi	inimum in	vestment t	hat will be	e accepted	from any	individual	?				<b>s</b> 500 °
												Yes No
3. Doe	s the offer	ing permit	joint own	ership of	a single u	nit?		• • • • • • • • •	. <b></b>			
sion to be list t	er the inform or similar in e listed is a he name on ealer, you	remunerat in associat f the brok	ion for soli ed person e er or deale	citation of or agent o er. If more	purchaser f a broker than five	rs in connect or dealer (5) person	ction with s registered is to be list	sales of sec with the Sl ted are assi	urities in th EC and/or	e offering with a sta	. If a perso te or state	on es,
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Business o	or Residenc	ce Address	(Number	and Stree	t, City, St	ate, Zip C	.oge)			;		
									•			
Name of .	Associated	Broker o	r Dealer			<del></del>						
Ctatas in V	Which Pers	on Listed	Has Salia	inad on Inc	ands to S	oliais Dusa	<b></b>	<del></del>	<del></del>		·	<del></del>
						onch Purc	палеть					
(Check	"All State	s'' or che	ek individu	ial States)		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • •	• • • • • • • • •		• • • • • • • •	• • • • • • • •	☐ All States
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ruli Name	e (Last nan	ne first, if	individua	1)								
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Business c	r Residenc	e Address	(Number	and Street	, City, Sta	ate, Zip C	ode)					,
										. •		
Name of /	Associated	Broker or	Dealer			* * *						
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to So	olicit Purcl	hasers					
					**			٠				□ All States
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[IL]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]
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[ R1.]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	ne first, if	individual	)		-						
•	`,	4	4.4							*		
						· · · · ·	·	<del></del>				
Business o	r Residenc	e <sub>.</sub> Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)		,	ř		
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		. ·		<u> </u>								
States in V	Vhich Pers	on Listed	Has Solici	ted or Int	ends to So	licit Purch	asers					, -
(Check '	"All States	or chec	k individu:	al States).						<b>:</b>		☐ All States
[AL]	[ AK ]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	[ ID ]
[ IL ]	[IN]	[ IA ]	[ KS ]	[KY]	[LA]	[ME]	[MD]	- ,	[ MI ]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)		[OR]	[PA]
(RI)	LSC 1	LSD 1	ITNI	TXI	IUTI	[ VT ]	[VA]	[WA]	[WV]	[ W ] ]	(WY)	[PR]

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	and already exchanged	licate in the columns below the amounts of the securities offered for exchange		
,	Type of Security		Aggregate Offering Price	Amount Alread Sold
	Debt		S	. ¸ <b>S</b>
	Equity		s 5000000°	°s_Ø
	•	☑ Common ☐ Preferred	-	•
	Convertible Securit	ies (including warrants)	<b>S</b>	<b>s</b>
	Partnership Interes	ts	\$	\$
		<b>)</b>		\$
			\$ 500,000	. 8
			**************************************	3
		also in Appendix, Column 3, if filing under ULOE.		
	offering and the aggrega cate the number of perso	redited and non-accredited investors who have purchased securities in this ite dollar amounts of their purchases. For offerings under Rule 504, indinas who have purchased securities and the aggregate dollar amount of their ines. Enter "0" if answer is "none" or "zero."	• d .	Aggregate
	purchases on the total l	nies. Enter o il answer is none or zero.	Number Investors	Dollar Amoun of Purchases
	Accredited Investor	<b>S</b>	Ø.	s Ø
		stors	<i>d</i>	. 6
		ings under Rule 504 only)		
			<del></del> _	3
. '	Answer	also in Appendix, Column 4, if filing under ULOE.	, · · ·	•
	ties sold by the issuer, to	ring under Rule 504 or 505, enter the information requested for all securi- date, in offerings of the types indicated, in the twelve (12) months prior es in this offering. Classify securities by type listed in Part C - Question 1.		n
	Type of offering		Type of Security	Dollar Amoun Sold
	Rule 505		. :	\$
				\$ <u></u>
	_		d	5 6
				. 0
				7
	securities in this offering The information may be	of all expenses in connection with the issuance and distribution of the Exclude amounts relating solely to organization expenses of the issuer. given as subject to future contingencies. If the amount of an expenditure estimate and check the box to the left of the estimate.	e de	,
	Transfer Agent's Fee	\$		<b>S</b>
	Printing and Engravi	ng Costs		\$ 20,000
	Legal Fees			\$ 5000 00
				\$
	•			<b>S</b>
	- ·	pecify finders' fees separately)	•	
		ify) TRAVEL CONSulting,		. 20,000
		11y) 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Fu-
	- ·	and the control of th		

	C. OFFERING PRICE, NUMBI	R OF INVESTORS, EXPENSES	AND USE	OF PROCEE	os
tic	Enter the difference between the aggregate of on 1 and total expenses furnished in response to djusted gross proceeds to the issuer."	Part C - Question 4.a. This differ	ence is the		s 455,000
us es	dicate below the amount of the adjusted gross ed for each of the purposes shown. If the amo imate and check the box to the left of the estima e adjusted gross proceeds to the issuer set forth	unt for any purpose is not known, ite. The total of the payments listed	furnish an must equal	·	
				Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		🗆 <b>s</b> .		os 6
	Purchase of real estate	•••••	🗆 💲		D \$ 4
	Purchase, rental or leasing and installation of				
	Construction or leasing of plant buildings and	•		/ ,	u s 6
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	value of securities involved in this	<u> ۲</u> .	,	□ <b>s</b> _Ø
				/ .	□ <b>s</b> Ø
	Working capital	************	🗆 <b>s</b> _	<i>'\phi</i>	0 \$ 455,000
	Other (specify):	· · · · · · · · · · · · · · · · · · ·	🗆 \$_	<u></u>	□ <b>s</b>
		·	<del></del>		
			🗆 <b>\$</b> _	Ø	□ <b>s</b>
	Column Totals	·····	□ \$_	Ø	D \$
	Total Payments Listed (column totals added)			□ <b>\$</b> _¥	55,000 <sup>(-)</sup>
. 4		D. FEDERAL SIGNATURE			
follow	suer has duly caused this notice to be signed by ing signature constitutes an undertaking by the is of its staff, the information furnished by the is	ssuer to furnish to the U.S. Securiti	es and Exc	hange Commis	sion, upon written re
_	(Print or Type)  Remair, Inc	Signature and Signature	(LUI)	Date	1-30-03
Name	of Signer (Print or Type) Christine A Winkelseth	Title of Signer (Print or Type) EVP. PREMAIRING			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisio of such rule?	ns Yes	No.
of such rule?	🗅	<b>\$</b> 2

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) PREM AIR, INC	Signature A. M. Le Both	Date 4-30-03
Name (Print or Type)	Title (Print or Type)	
Christine A Winkelseth	E.V.P TREMAIRITME.	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	ľ	2	3			4		Disqua	5 lification	
	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
				Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
AL										
AK					. ,	·				
AZ										
AR										
CA		<u>.</u>								
со										
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APPENDIX

1	2 3										
	to non- investo	nd to sell accredited rs in State B-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МТ		4 4 4									
NE											
NV		1									
NH .				-							
NJ						\$					
NM	1		* * * * * * * * * * * * * * * * * * * *								
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WY											
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