| No. W 36408 | | Due no later than Feb 28, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------------|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | CAPITOL CORPORATE SERVICES INC | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OREGON TRAIL WIND PARK, LLC MYRA FALK RP WIND ID 115 FRANKLIN TURNPIKE #362 | | 921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | MAHWAH NJ 07430 | | | | | | |
| 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 | |
| MANAGER STEVEN I EISENBERG | | ISENBERG | 115 FRANKLIN TURNPIKE #362 | MAHWAH | NJ | USA | 07430 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Myra Falk | | Date: 01/20/2015 | | | | |
| W 36408 | | Name (type or print): Myra Falk | | Title: Assistant Sec | | | | |
| Processed 01/20/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |