

|  |                   |   |  |  |       |         |             |
|--|-------------------|---|--|--|-------|---------|-------------|
| No. <b>W 84370</b>   |                   | <b>Due no later than Jun 30, 2014</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NEW MEXICO WINDS, LLC<br>TOM FETZER<br>5420 W. WICHER ROAD<br>GLENNS FERRY ID 83623<br>USA |  | TOM FETZER<br>5420 W. WICHER ROAD<br>GLENNS FERRY ID 83623 |       |         |             |
| <b>NO FILING FEE IF<br/>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   | PACIFIC WINDS LLC | 5420 W. WICHER ROAD   |  | GLENNS FERRY   | ID    | USA     | 83623       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 84370</b>                                 |                   | 6. Annual Report must be signed.*<br><br>Signature: T. Fetzer<br>Name (type or print): T. Fetzer<br><br>Date: 04/23/2014<br>Title: Vp & Cfo                 |  |  |       |         |             |
| Processed 04/23/2014 * Electronically provided signatures are accepted as original signatures.     |                   |   |  |  |       |         |             |