

|  |                           |  |             |   |                     |
|--|---------------------------|--|-------------|---|---------------------|
| No. <b>W 112769</b>  |                           | <b>Due no later than Apr 30, 2013</b>  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                           | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>NORTH WIND NEU SECURITY SERVICES, LLC<br>TRINA POLLMAN<br>1425 HIGHAM ST<br>IDAHO FALLS ID 83402-1513<br>UNITED STATES |             | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705<br>USA |                     |
|  |                           |  |             | 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   | NORTH WIND SOLUTIONS, LLC | 1425 HIGHAM STREET   | IDAHO FALLS | ID  | USA 83402-1513      |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 112769</b>  |                           | 6. Annual Report must be signed.*<br>Signature: Trina Pollman Date: 02/26/2013<br>Name (type or print): Trina Pollman Title: Business Operations Manager   |             |   |                     |
| Processed 02/26/2013   |                           | * Electronically provided signatures are accepted as original signatures.  |             |   |                     |