| No. <b>C 124242</b>  |                                     | Due no later than Jun 30, 2013   |   | 2. Registered                       | 2. Registered Agent and Address (NO PO BOX)   |            |                |  |
|--|-------------------------------------|--|---|-------------------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                                     | Annual Report Form  1. Mailing Address: Correct in this box if needed.  WINDLAND, INCORPORATED BJORN DOSKELAND 1193 E WINDING CREEK DRIVE SUITE 101 EAGLE ID 83616 |   | 1193 E WIN<br>SUITE 101<br>EAGLE ID | BJORN DOSKELAND 1193 E WINDING CREEK DR SUITE 101 EAGLE ID 83616  3. New Registered Agent Signature:* |            |                |  |
| RECEIVED BY DUE DATE   |                                     | USA ess Addresses of President, Secretary, and Directors. Treasurer (  |   | ( I' )                              | (astronal)  |            |                |  |
| Office Held  | nes and Busin<br>Name               | ess Addresses of F   | Street or PO Address                            | er (optional).<br>City              | State   | Country    | Postal Code    |  |
| PRESIDENT<br>SECRETARY   | BJORN DOSKELAND<br>GINGER DOSKELAND |  | 1847 N WATERHEIGHTS WAY<br>577 SO MOON BEAM WAY | STAR<br>EAGLE                       | ID<br>ID  | USA<br>USA | 83669<br>83616 |  |
| 5. Organized Under the Laws of:  |                                     | 6. Annual Report must be signed.*  |   |                                     |   |            |                |  |
| CA<br>C 124242   |                                     | Signature: Bjo   |   | Date: 05/31/2013                    |   |            |                |  |
|  |                                     | Name (type or  |   | Title: President                    |   |            |                |  |
| Processed 05/31/2013 * Electronically provided signatures are accepted as original signatures. |                                     |  |   |                                     |   |            |                |  |