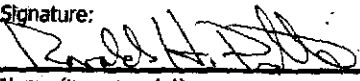


No. <b>W 77928</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/20/2016</b>  <b>1. Mailing Address: Correct in this box if needed.</b> WINDY BAY, LLC RONALD H PRATTE 4400 W. EARHART WAY CHANDLER AZ 85226		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> JOHN F MAGNUSON 1250 NORTHWOOD CENTER CRT COEUR D'ALENE ID 83816  <b>3. <u>New</u> Registered Agent Signature.</b>																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ronald H. Pratte</td> <td>4400 W. Earhart Way</td> <td>Chandler,</td> <td>AZ</td> <td></td> <td>85226</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ronald H. Pratte	4400 W. Earhart Way	Chandler,	AZ		85226	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ronald H. Pratte	4400 W. Earhart Way	Chandler,	AZ		85226																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 77928</div>	<b>6.</b> Signature:  Name (type or print): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ronald H. Pratte</div>		Date: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1-24-17</div> Title: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Manager</div>																																		

Issued 01/19/2017 by SAT

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**