

No. <b>W 110458</b>	<b>Due no later than Jan 31, 2014</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> NP DEPOT, LLC JOHN SWALLOW 905 S JARVIS RD COEUR D ALENE ID 83814	JOHN SWALLOW 905 S JARVIS RD COEUR D ALENE ID 83814				
		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
MANAGER	JOHN A SWALLOW	905 S JARVIS RD	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 110458</b>		6. Annual Report must be signed.* Signature: John A Swallow Name (type or print): John A Swallow Date: 11/20/2013 Title: Manager				
Processed 11/20/2013		* Electronically provided signatures are accepted as original signatures.				