No. <b>W 81925</b>		Due no later than Mar 31, 2015		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			LEISA TRANSTRUM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WINDY PINES, L.L.C.  LEISA A. TRANSTRUM  PO BOX 26  ST CHARLES ID 83272		ST CHARLES	188 W 100 ST CHARLES 83272  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA	.5 002/2					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name	nes and hadresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER MONTE TRA		NSTRUM	P. O. BOX 26 188 W 100 N.	ST. CHARLES	ID	USA	83272	
			2 0 00					
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lei		Date: 01/15/2015				
W 81925		Name (type or		Title: agent				
Processed 01/15/2015 * Electronically provided signatures are accepted as original signatures.								