

No. W 46492	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX)							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHWEST GROUP, LLC NORTHWEST GROUP, LLC 212 IRONWOOD DR STE D-141 COEUR D ALENE ID 83814 USA		JOHN MILLER 206 INDIANA AVENUE SUITE 200 COEUR D'ALENE ID 83814 3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager or Member</td> <td style="width: 25%;">Name</td> <td style="width: 30%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 10%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MIKE RAI 212 IRONWOOD DR, D-141, COEUR D'ALENE ID 83814									
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 <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: IDAHO W 46492	6. Signature:  Name (type or print): MIKE RAI		Date: 10/21/14 Title: MANAGER							
Issued 12/11/2014 by online										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM