

|                                                                                                                                                        |                    |                                                                                                                                                                   |                      |                                                                                   |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 69762</b>                                                                                                                                     |                    | <b>Due no later than Dec 31, 2012</b>                                                                                                                             |                      | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>CAMP REED WIND PARK, LLC<br>MYRA FALK RP WIND ID<br>PO BOX 2049<br>MANCHESTER CENTER VT 05255<br>USA |                      | CAPITOL CORPORATE SERVICES INC<br>921 S ORCHARD ST STE G<br>BOISE ID 83705<br>USA |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                                   |                      | 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                                                                                                                                                | STEVEN I EISENBERG | PO BOX 2049                                                                                                                                                       | MANCHESTER<br>CENTER | VT                                                                                | USA     | 05255            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                 |                      |                                                                                   |         |                  |  |
| <b>ID<br/>W 69762</b>                                                                                                                                  |                    | Signature: Myra Falk                                                                                                                                              |                      |                                                                                   |         | Date: 10/17/2012 |  |
|                                                                                                                                                        |                    | Name (type or print): Myra Falk                                                                                                                                   |                      |                                                                                   |         | Title: Admin     |  |
| Processed 10/17/2012                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                         |                      |                                                                                   |         |                  |  |