No. <b>W 109027</b>		Due no later than Dec 31, 2017	2. Registered Agent and Address (NO PO BOX)  TIM KRAMER 1223 E GARDEN AVE COEUR D ALENE ID 83814  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTHWIND PRESS LLC  TIM KRAMER  1223 E GARDEN AVE  COEUR D ALENE ID 83814				
NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Enter Nat		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER TIM M KRAME		MER 1223 E GARDEN	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tim Kramer	Date: 11/02/2017			
W 109027		Name (type or print): Tim Kramer	Title: Manager			
Processed 11/02/2017 * Electronically provided signatures are accepted as original signatures.						