No. **W 108993**	**Due no later than Dec 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTHWIND FARMS LLC BRYAN SEARLE PO BOX H SHELLEY ID 83274	BRYAN SEARLE 538 E 1250 N SHELLEY 83274 3. New 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
MEMBER	SCOTT SEARLE	959 E 1400 N	SHELLEY	ID	USA	83274

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 108993**	Signature: Scott Searle	Date: 10/23/2014
	Name (type or print): Scott Searle	Title: member

Processed 10/23/2014

* Electronically provided signatures are accepted as original signatures.