

No. W 153384	Due no later than Jun 30, 2016 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	1. Mailing Address: Correct in this box if needed. NORTH PLACE LLC (THE) CARLENE PETERSON 230 OLD THAMA FERRY RD PRIEST RIVER ID 83856		CARLENE PETERSON 230 OLD THAMA FERRY RD PRIEST RIVER ID 83856				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CARLENE ALICE PETERSON	Street or PO Address 230 OLD THAMA FERRY RD	City PRIEST RIVER	State ID	Country USA	Postal Code 83856	
5. Organized Under the Laws of: ID W 153384	6. Annual Report must be signed.* Signature: Carlene Peterson Name (type or print): Carlene Peterson						Date: 05/02/2016 Title: Manager
Processed 05/02/2016	* Electronically provided signatures are accepted as original signatures.						