

No. W 109053	Due no later than Dec 31, 2012 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. NORTH WIND LEGACY SOLUTIONS, LLC TRINA POLLMAN 1425 HIGHAM ST IDAHO FALLS ID 83402-1513 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 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	JAMES ARCHIBALD	1425 HIGHAM ST.	IDAHO FALLS	ID	USA	83404-1513
5. Organized Under the Laws of: DE W 109053	6. Annual Report must be signed.* Signature: Trina Pollman Name (type or print): Trina Pollman		Date: 11/15/2012 Title: Business Program Mgr.			
Processed 11/15/2012		* Electronically provided signatures are accepted as original signatures.				