

|                                                                                                                                                        |                  |                                                                                                                                             |             |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>C 183643</b>                                                                                                                                    |                  | <b>Due no later than Jun 30, 2014</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>NORTHFORK TIMBER FALLING, INC.<br>TRACY FREI<br>175 HWY 82<br>LOSTINE OR 97857 |             | KENNETH MALONE<br>1013 N STATE ST<br>GRANGEVILLE ID 83530 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                             |             | 3. <u>New</u> Registered Agent Signature:*                |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                             |             |                                                           |         |                  |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                        | City        | State                                                     | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | KENNETH E MALONE | 1013 N STATE STREET                                                                                                                         | GRANGEVILLE | ID                                                        | USA     | 83530            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                           |             |                                                           |         |                  |  |
| <b>ID<br/>C 183643</b>                                                                                                                                 |                  | Signature: Kenneth Malone                                                                                                                   |             |                                                           |         | Date: 04/22/2014 |  |
|                                                                                                                                                        |                  | Name (type or print): Kenneth Malone                                                                                                        |             |                                                           |         | Title: President |  |
| Processed 04/22/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                   |             |                                                           |         |                  |  |