| No. W 73310 | | Due no later than Apr 30, 2016 | | 2. Registered Ag | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. FOUR WINDS HOLDINGS, LLC BRUCE P MILLER PO BOX 50611 IDAHO FALLS ID 83405 mes and Addresses of at least one Member or Manager. | | 201 E CENTER | ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 | | | |
| | | | | 3. <u>New</u> Registere | 3. <u>New</u> Registered Agent Signature:* | | | |
| 700 | | nes and Address | 20 St. 20 | C'h | CI-I- | C | Dt-1 Ct- | |
| Office Held MANAGER | Name SYLVIA M MEDINA BRUCE P MILLER | | Street or PO Address PO BOX 50345 | City IDAHO FALLS | State ID | Country | Postal Code 83405 | |
| MANAGER | | | PO BOX 50345 | IDAHO FALLS | ID | | 83405 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: B | | Date: 03/01/2016 | | | | |
| W 73310 | | Name (type | or print): Bruce Miller | | Title: manager | | | |
| Processed 03/01/2016 | cessed 03/01/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |