

|  |                   |   |               |   |         |             |
|--|-------------------|---|---------------|---|---------|-------------|
| No. <b>C 19095</b>   |                   | <b>Due no later than Sep 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>NORTHERN LIGHTS, INC.<br>ANNIE TERRACCIANO<br>PO BOX 269<br>SAGLE ID 83860-0269 |               | ANNIE TERRACCIANO<br>421 CHEVY ST<br>SAGLE ID 83860 |         |             |
|  |                   |   |               | 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 |
| DIRECTOR   | G.E. HAGEN        | PO BOX 548  | BONNERS FERRY | ID  | USA     | 83805       |
| PRESIDENT  | STEVE ELGAR       | 61 TALL TIMBER RD   | SANDPOINT     | ID  | USA     | 83864       |
| DIRECTOR   | MIKE DOLAN        | PO BOX 371  | NORDMAN       | ID  | USA     | 83848       |
| SECRETARY  | JUDITH SIMONSON   | PO BOX 1528   | NOXON         | MT  | USA     | 59853       |
| DIRECTOR   | DAVE PEMBERTON    | PO BOX 45   | CAREYWOOD     | ID  | USA     | 83809       |
| VICE PRESIDENT   | KENNON MCCLINTOCK | 65 MCCLINTOCK ROAD  | MOYIE SPRINGS | ID  | USA     | 83845       |
| DIRECTOR   | JIM WOODWARD      | 499 BLUE SKY RD   | SAGLE         | ID  | USA     | 83860       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 19095</b>   |                   | 6. Annual Report must be signed.*<br>Signature: JUDITH SIMONSON<br>Name (type or print): JUDITH SIMONSON<br>Date: 08/01/2016<br>Title: SECRETARY                              |               |   |         |             |
| Processed 08/01/2016   |                   | * Electronically provided signatures are accepted as original signatures.   |               |   |         |             |