

|  |   |   |          |       |         |             |
|--|---|---|----------|-------|---------|-------------|
| No. <b>W 142814</b>  | <b>Due no later than Oct 31, 2016</b><br><b>Annual Report Form</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>NORTHWEST STRATEGIC CONSULTING, LLC<br>ROBERT W JOHNSTON<br>POST OFFICE BOX 2684<br>COEUR D ALENE ID 83816 | ROBERT W JOHNSTON<br>14454 S CARLIN BAY RD<br>HARRISON ID 83833           |          |       |         |             |
|  |   | 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  | ROBERT W JOHNSTON   | 14454 S CARLIN BAY ROAD   | HARRISON | ID    | USA     | 83833       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 142814</b>  | 6. Annual Report must be signed.*<br>Signature: Robert W. Johnston<br>Name (type or print): Robert W. Johnston<br>Date: 10/29/2016<br>Title: Managing Member            |   |          |       |         |             |
| Processed 10/29/2016   |   | * Electronically provided signatures are accepted as original signatures. |          |       |         |             |