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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------|---------------------|
| No. <b>W 36408</b>                                                                                                                                     |                    | <b>Due no later than Feb 28, 2011</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><br>OREGON TRAIL WIND PARK, LLC<br>MYRA FALK RP WIND ID<br>PO BOX 2049<br>MANCHESTER CENTER VT 05255 |                      | CAPITOL CORPORATE SERVICES INC<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>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                                                                                                                                                | STEVEN I EISENBERG | PO BOX 2049                                                                                                                                                                                        | MANCHESTER<br>CENTER | VT                                                                                     | USA 05255           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 36408</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Myra Falk<br>Name (type or print): Myra Falk<br>Date: 01/10/2011<br>Title: Assistant Secretary                                                     |                      |                                                                                        |                     |
| Processed 01/10/2011                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |                      |                                                                                        |                     |