

|  |           |   |         |   |         |                           |  |
|--|-----------|---|---------|---|---------|---------------------------|--|
| No. <b>W 86571</b>   |           | <b>Due no later than Aug 31, 2015</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><br>NWP HOUSING PARTNERS, LLC<br>JON DUVAL<br>PO BOX 6452<br>KETCHUM ID 83340<br>USA |         | JON DUVAL<br>100 LINDSAY CIRCLE<br>KETCHUM ID 83340 |         |                           |  |
|  |           |   |         | 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  | JON DUVAL | PO BOX 6452   | KETCHUM | ID  | USA     | 83340                     |  |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*   |         |   |         |                           |  |
| <b>ID<br/>W 86571</b>  |           | Signature: Jon Duval  |         |   |         | Date: 06/25/2015          |  |
|  |           | Name (type or print): Jon Duval   |         |   |         | Title: Executive Director |  |
| Processed 06/25/2015   |           | * Electronically provided signatures are accepted as original signatures.   |         |   |         |                           |  |