No. **W 109027**	**Due no later than Dec 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** NORTHWIND PRESS LLC TIM KRAMER 1223 E GARDEN AVE COEUR D ALENE ID 83814	TIM KRAMER 1223 E GARDEN AVE COEUR D ALENE ID 83814 3. New 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	TIM M KRAMER	1223 E GARDEN	COEUR D ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 109027**	Signature: Tim Kramer Name (type or print): Tim Kramer	Date: 10/13/2015 Title: Manager

Processed 10/13/2015

* Electronically provided signatures are accepted as original signatures.