


No. W 50420	Due no later than May 31, 2009 Annual Report Form							
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable	2. Registered Agent and Office NO PO BOX						
	WINDFALL HILLS, LLC MICHAEL A HOFFMANN 213 S MAIN ST MOSCOW, ID 83843	MICHAEL A HOFFMANN 213 S MAIN MOSCOW, ID 83843						
3. <u>New</u> Registered Agent Signature								
4. Limited Liability Companies: Enter Names and Addresses of Members.								
<table border="0"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead></table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			
member Michael Hoffmann 213 S. Main St Moscow ID 83843								
5. Organized Under the Laws of: IDAHO W 50420	6. Signature  Date <u>4/7/09</u>							
	Name (Typed or Printed) <u>Michael Hoffmann</u> Title _____							

Issued 03/02/2009

Do Not Tape or Staple

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