| No. W 74993 | | Due no later than Jun 30, 2011 | | 2. Registered Ager | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------------------------|---|--|---|---|------------|----------------|--|
| Return to: | | Annual Report Form | | LAUREEN B MA | LAUREEN B MADDEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. NORTHWOODS TAVERN, LLC LAUREEN B DOERING 6507 SOLOMON RD BONNERS FERRY ID 83805 | | 6507 SOLOMON RD BONNERS FERRY ID 83805 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 200 | | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| Manager Manager | LAUREEN B DOERING ROGER B DOERING | | 6507 SOLOMON RD 310 QUARTZ LN | Bonners Ferry Naple | ID ID | USA USA | 83805 83847 | |
| 5. Organized Under the Laws of: | | 6. Annual Repor | t must be signed.* | | | | | |
| ID W 74993 | | Signature: Laureen | | Date | Date: 05/18/2011 | | | |
| | | Name (type or print): Laureen | | Title | Title: Doering | | | |
| Processed 05/18/2011 | | * Electronically p | rovided signatures are accepted as origina | al signatures. | | | | |