No. W 89844 Return to:			Due no later than Jan 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. N PWR LLC SCOTT ADCOCK 500 E SHORE DR STE 120 EAGLE ID 83616		2. Registered Agent and Address (NO PO BOX) SCOTT ADCOCK 500 E SHORE DR STE 120 EAGLE 83616 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		N PWR L SCOTT A 500 E SHO						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter	Names and Addr	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SCOTT A	ADCOCK	842 E WINDING CREEK	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID W 89844		Signature	: Scott Adcock		Date: 11/14/2014			
		Name (typ	oe or print): Scott Adcock		Title: Manager			
Processed 11/14/2014 * Electronically provided signatures are accepted as original signatures.								