No. C 19095		Due no later than Sep 30, 2014		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ANNIE TERRACCIANO 421 CHEVY ST SAGLE ID 83860			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTHERN LIGHTS, INC. ANNIE TERRACCIANO PO BOX 269		SAGLE ID 838				
NO FILING FEE IF RECEIVED BY DUE DATE		SAGLE ID 83860-0269		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR PRESIDENT VICE PRESIDENT SECRETARY DIRECTOR DIRECTOR	JIM WOODM G.E. HAGEN STEVE ELGA ERIC ANDER JUDITH SIMO DAVE PEMBE KENNON MC	R SON ONSON ERTON	499 BLUE SKY RD PO BOX 548 73 VILLAGE LANE 33 MATCH BAY RD PO BOX 1528 PO BOX 45 65 MCCLINTOCK ROAD	SAGLE BONNERS FERRY SANDPOINT PRIEST LAKE NOXON CAREYWOOD MOYIE SPRINGS	ID ID ID ID MT ID ID	USA USA USA USA USA USA USA	83860 83805 83864 83856 59853 83809 83845	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ju		Date: 07/14/2014				
C 19095		Name (type or print): Judith Simonson			Title: Secretary			
Processed 07/14/2014		* Electronically p	rovided signatures are accepted as origina	l signatures.				