| No. W 41488 | | Due no later than Jul 31, 2013 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------|---|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | ELIZABETH D JOSLEYN 615 NW 2ND ST MERIDIAN ID 83642 | | | |
| SECRETARY OF STATE | 1. Mailing | 1. Mailing Address: Correct in this box if needed. NORTHWEST DATA RECOVERY LLC ELIZABETH D JOSLEYN 615 NW 2ND ST | | | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ELIZABETH | | | | | | |
| | MERIDIAN | MERIDIAN ID 83642-2559 3. New Registered Agent Signature | | ignature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ent | er Names and Addre | esses of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER WAYNE JOSLEYN | | 615 NW 2ND ST | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: | port must be signed.* | | | | | | |
| ID | Signature: | Signature: Elizabeth Josleyn Date: 07/13/2013 | | | | | |
| W 41488 | Name (typ | Name (type or print): Elizabeth Josleyn Title: Office Manager | | | | | |
| Processed 07/13/2013 | * Electronical | * Electronically provided signatures are accepted as original signatures. | | | | | |