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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|---------------------|
| No. <b>W 85598</b>                                                                                                                                     |                  | <b>Due no later than Jul 31, 2011</b>                                                                                                                                                      |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CASTELLINA LLC<br>TIM KEANE<br>4938 N SHAW LOOP RD<br>COEUR D ALENE ID 83815-7005<br>USA |                | TIM KEANE<br>4938 N SHAW LOOP RD<br>COEUR D ALENE ID 83815-7005 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                            |                | 3. <u>New</u> Registered Agent Signature:*                      |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                                                                            |                |                                                                 |                     |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                       | City           | State                                                           | Country Postal Code |
| MANAGER                                                                                                                                                | JENNIFER L KEANE | 4938 N. SHAW LOOP RD                                                                                                                                                                       | COEUR D' ALENE | ID                                                              | USA 83815-7005      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 85598</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Timothy Keane<br>Name (type or print): Timothy Keane<br>Date: 08/08/2011<br>Title: Manager                                                 |                |                                                                 |                     |
| Processed 08/08/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |                |                                                                 |                     |