

|  |  |   |   |             |                |                      |                                    |
|--|--|---|---|-------------|----------------|----------------------|------------------------------------|
| No. <b>W 102986</b>  | <b>Due no later than May 31, 2014</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address ( <b>NO PO BOX</b> )  |             |                |                      |                                    |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>CALYPSO CARRY LLC<br>PO BOX 66<br>LEWISTON ID 83501 |   | APRIL NIEMELA<br>1236 POWERS AVE<br>LEWISTON ID 83501 |             |                |                      |                                    |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |  |   | 3. <u>New</u> Registered Agent Signature:*            |             |                |                      |                                    |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |  |   |   |             |                |                      |                                    |
| Office Held<br>MANAGER   | Name<br>APRIL J NIEMELA  | Street or PO Address<br>1236 POWERS AVE | City<br>LEWISTON                                      | State<br>ID | Country<br>USA | Postal Code<br>83501 |                                    |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 102986</b>                                | 6. Annual Report must be signed.*<br><br>Signature: April Niemela<br>Name (type or print): April Niemela             |   |   |             |                |                      | Date: 05/23/2014<br>Title: Manager |
| Processed 05/23/2014   | * Electronically provided signatures are accepted as original signatures.  |   |   |             |                |                      |                                    |