

No. W 102986	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CALYPSO CARRY LLC PO BOX 66 LEWISTON ID 83501		APRIL NIEMELA 1236 POWERS AVE LEWISTON ID 83501			
			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	APRIL J NIEMELA	1236 POWERS AVE	LEWISTON	ID	USA	83501
MANAGER	SHANE J NIEMELA	1236 POWERS AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID W 102986	6. Annual Report must be signed.* Signature: April J Niemela Name (type or print): April J Niemela		Date: 03/28/2016 Title: Manager			
Processed 03/28/2016		* Electronically provided signatures are accepted as original signatures.				