| No. <b>C 208455</b>  |               | Due no later than Jan 31, 2017   |  | 2. Registered A       | 2. Registered Agent and Address (NO PO BOX)                                       |         |             |  |
|--|---------------|--|--|-----------------------|---|---------|-------------|--|
| Return to:   |               | Annual Report Form   |  | SAM J CAR             | SAM J CARLINO   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |               | 1. Mailing Address: Correct in this box if needed.  CW WRAPS & MARKETING, INC.  SAM J CARLINO  5070 E SELTICE WAY STE B  POST FALLS ID 83854 |  | POST FALLS            | 5070 E SELTICE WAY STE B POST FALLS ID 83854  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |               |  |  |                       |   |         |             |  |
| 2001 002 10  |               | ess Addresses of   | f President, Secretary, and Directors. Treas |                       | Chaha   | Ca      | Deetel Cede |  |
| Office Held  | Name          |  | Street or PO Address                         | City                  | State   | Country | Postal Code |  |
| PRESIDENT  | SAM J CARLINO |  | 1445 N MARCASITE CT                          | POST FALLS            | ID  | USA     | 83854       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |  |                       |   |         |             |  |
| ID<br>C 208455   |               | Signature: Frances Lepinski  |  | D                     | Date: 11/22/2016  |         |             |  |
|  |               | Name (type o   | Т  | Title: Office Manager |   |         |             |  |
| Processed 11/22/2016   |               | * Electronically provided signatures are accepted as original signatures.  |  |                       |   |         |             |  |