No. **W 102986**	**Due no later than May 31, 2012** **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. New 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

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 102986**	Signature: April Niemela Name (type or print): April Niemela	Date: 04/26/2012 Title: Manager

Processed 04/26/2012

* Electronically provided signatures are accepted as original signatures.