



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 419926

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/07/2014

Formation Locale: ID

Name and Mailing Address:

CALM LLC

3360 S 15TH E

IDAHO FALLS, ID 83404-8321

(1) Add or Change Mailing Address:

Calm LLC
3915 South Briarwood Circle
Idaho Falls ID 83404

Registered Agent (RA) and Registered Office (RO) Address:

MARK NELSON

3360 S 15TH E

IDAHO FALLS, ID 83404

(2) Change RA and/or RO Address:

3915 South Briarwood Circle
Idaho Falls ID 83404

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Mark Nelson	3915 South Briarwood Circle	Idaho Falls ID 83404
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Chris Nelson	3915 South Briarwood Circle	Idaho Falls ID 83404
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Aaron Nelson	1791 Strawberry Circle	Idaho Falls ID 83404
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lana Nelson	1791 Strawberry Circle	Idaho Falls ID 83404
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Mark Nelson

(6) Date:

6-15-20

(7) Type/Print Name:

Mark Nelson

(8) Title:

managing member

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0507-8002 06/17/2020 9:52 AM Received by ID Secretary of State Lawrence Denney