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| No. W 107475 | Due no later than Oct 31, 2018 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. CART WRAPPERS, LLC SAM J CARLINO 5070 EAST SELTICE WAY STE. B POST FALLS ID 83854-9708 USA | | SAM J CARLINO 5070 EAST SELTICE WAY STE B POST FALLS ID 83854-9708 | | | |
| | | | 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 | SAM J CARLINO | 5070 EAST SELTICE WAY STE B | POST FALLS | ID | USA | 83854-9708 |
| 5. Organized Under the Laws of: ID W 107475 | 6. Annual Report must be signed.* Signature: Frances Lepinski Name (type or print): Frances Lepinski | | Date: 08/21/2018 Title: Office Manager | | | |
| Processed 08/21/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |