

|                                                                                                                                                        |                  |                                                                                                                                                                                  |          |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 108906</b>                                                                                                                                    |                  | <b>Due no later than Dec 31, 2014</b>                                                                                                                                            |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DRIZZLE LLC<br>MATTHEW CARLISLE<br>3050 N MORGAN GROVE LN<br>MERIDIAN ID 83646 |          | MATTHEW CARLISLE<br>3050 N MORGAN GROVE LN<br>MERIDIAN 83646 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                  |          | 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                                                                                                                                                | MATTHEW CARLISLE | 3050 NORTH MORGAN GROVE                                                                                                                                                          | MERIDIAN | ID                                                           | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                |          |                                                              |         |                  |  |
| <b>ID<br/>W 108906</b>                                                                                                                                 |                  | Signature: matthew carlisle                                                                                                                                                      |          |                                                              |         | Date: 01/29/2015 |  |
|                                                                                                                                                        |                  | Name (type or print): matthew carlisle                                                                                                                                           |          |                                                              |         | Title: manager   |  |
| Processed 01/29/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                        |          |                                                              |         |                  |  |