State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

EASTFORK WINES, LLC

File Number W 191446

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 14, 2017



SECRETARY OF STATE

By May My



Rev. 05/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

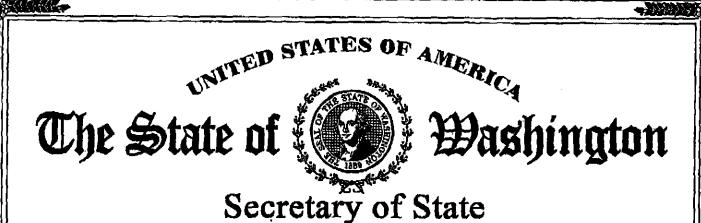
Complete and submit the form in duplicate.

2017 NOV 14 PM 4: 03

SECRETARY OF STATE STATE OF IDAHO

| 1. | . The name of the entity is: Eastfork Wines, LLC | | | | | |
|--|--|---|-----------------|---------------------------|--|--|
| 2. | The name which it shall use in Idaho is: (Enter a name here, only if you are required to adopt an atternate name) | | | | | |
| 3. | Select the type of entity you wish to register: | | | | | |
| | ☐ Business Corporation ☐ General Partnership | | | | | |
| | ☐ Nonprofit Corporation | | ral Cooperative | | | |
| | Limited Liability Partnership Limited Partnership (Including a limited liability limited partnership | | | | | |
| | Limited Liability Company | ☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust | | | | |
| | ☐ Other: | | | | | |
| | (Use "Other" only if your foreign entity type to not listed above, and enter the type here.) Washington | | | | | |
| 4. | Jurisdiction of formation: Washington (Provide the domestic jurisdiction where the entity was formed) | | | | | |
| 5. The address of its principal office is: | | | | | | |
| 1614 118th Avenue SE, Suite 334, Bellevue, WA 98005 | | | | | | |
| | (Street Address) | | | | | |
| | (Malling Address, if different) | | | | | |
| 6. | The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: | | | | | |
| ٠, | 1614 118th Avenue SE, Suite 334, Bellevue, WA 98005 | | | | | |
| | (Street Address) | | | | | |
| | | | | | | |
| | (Mailing Address, if different) | (Manifig Accidess, it contacts) | | | | |
| 7. | The mailing address to which co | • | | sed, if dif | ferent from item 5, is: | |
| | 6015 79th Ave. S.E., Mercer Island, WA 98040 | | | | | |
| | (Address) | | | | · · · · · · · · · · · · · · · · · · · | |
| 3. | Name and street address of registered agent <u>in Idaho</u> : | | | | | |
| CT Corporation System 921 S. Orchard Street, Sulte G | | | | Sulte G. Boise, ID 83705 | | |
| | (Name) | | | | | |
| 9. | The name, capacity, and mailing | eddrage of at le | set one dovern | 25 | | |
| 9. | , , , | | _ | | F A4 I-I J MA 00040 | |
| | Robert Jaffe | Member | (Address) | Ave. S | .E., Mercer Island, WA 98040 | |
| | (Name) | (Capacity) | (Address) | | | |
| | | | | | ···· | |
| | (Name) | (Capacity) | (Address) | | | |
| | | | | | | |
| | | | | 2 | IDAHO SECRETARY OF STATE | |
| | . | | | 18 | 11/14/2017 05:00 | |
| Typed Name: Robert Jaffe | | | | 5 | CK: PREPAID CT: 221028 BH: 1612059 | |
| | Robert laffe | | | 28 | 10 100.00 = 100.00 FOR REG ST #2 10 20.00 = 20.00 EXPEDITE C #3 | |
| \$ | Signature: | | | y of | ig actor actor amegicate is fig | |
| | Manaka - | | | exetary of State use only | | |
| Capacity: Member | | | | | W1191446 | |

- 10.5



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

EASTFORK WINES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/30/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 11/13/2017 UBI Number: 604 186 467



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 11/13/2017