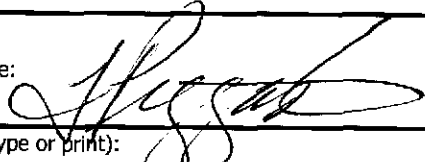
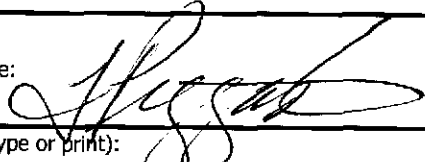
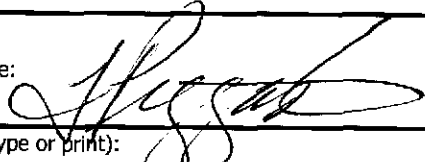


No. W 46684	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS C PRAGGASTIS 191 5TH ST WEST 3RD FLR KETCHUM ID 83340
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. VINTAGE, LLC PO BOX 569 SUN VALLEY ID 83353		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Edmund W. Dumke,	5820 Strasbourg Court,	Reno,	NV		89511
	Co-Trustee of the					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Dumke Family Trust					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Carol B. Dumke,	5820 Strasbourg Court,	Reno,	NV		89511
	Co-Trustee of the					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Dumke Family Trust					

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 46684</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 11/30/2016 </td> </tr> <tr> <td> Name (type or print): Thomas C. Praggastis </td> <td> Title: Legal Representative </td> </tr> </table>	Signature: 	Date: 11/30/2016	Name (type or print): Thomas C. Praggastis	Title: Legal Representative
Signature: 	Date: 11/30/2016				
Name (type or print): Thomas C. Praggastis	Title: Legal Representative				

Issued 11/22/2016 by CLH
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