No. W 18705		Du	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MARK ELLINGSEN 608 NORTHWEST BLVD STE 300 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		COEUR D'ALENE CELLARS, L.L.C. KIMBER GATES 3890 NORTH SCHREIBER WAY COEUR D'ALENE ID 83815						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
			2484 W. SORBONNE	COEUR D'ALENE	ID		83815	
MEMBER CHARLES S			3205 E CRESTWOOD CT	COEUR D'ALENE	ID		83815	
MEMBER	SARAH S G	ATES	3205 E CRESTWOOD CT	COEUR D'ALENE	ID		83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 18705		Signature: Kimberly Gates		Date: 04	Date: 04/30/2018			
		Name (type or print): Kimberly Gates		Title: M	Title: Managing Member			
Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures.								