No. W 184173	Due no later than Jun 30, 2018	gent and Address (NO PO BOX)					
Return to:	Annual Report Form	C T CORPORATION SYSTEM					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705-9721					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BREW DR. KOMBUCHA, LLC 2222 NE OREGON ST UNIT 109	3. New Registered Agent Signature:*					
	PORTLAND OR 97232						
NO FILING FEE IF	USA						
RECEIVED BY DUE DATE							
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		
MEMBER MATTHEW	THOMAS 2755 NE 35TH AVENUE	PORTLAND	OR	USA	97212		
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
OR	OR Signature: Kiah Drue			Date: 06/26/2018			
W 184173	Name (type or print): Kiah Drue	Title: Accounting Manager					
Processed 06/26/2018	* Electronically provided signatures are accepted as original signatures.						