No. W 156523		D	Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX) JACOB BLACK 2800 W HILL RD BOISE ID 83703 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		LOST GROVE	Annual Report Form 1. Mailing Address: Correct in this box if needed. LOST GROVE BREWING LLC JACOB O BLACK 1026 S. LAPOINTE BOISE ID 83706 USA					
		1026 S. LAPO BOISE ID 8						
		USA						
4. Limited Liability Cor	mpanies: Ente	er Names and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JACOB	OIVIND BLACK	2800 W HILL RD	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Repo	6. Annual Report must be signed.*					
ID W 156523		Signature: Ja	Signature: Jacob Black		Date: 09/30/2016			
		Name (type	Name (type or print): Jacob Black		Title: CEO			
Processed 09/30/2016	6	* Electronically	provided signatures are accepted as origi	nal signatures.				