

|                                                                                                                                                        |                  |                                                                                                                                                              |        |                                                     |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|-------------------------|--|
| No. <b>W 169400</b>                                                                                                                                    |                  | <b>Due no later than Jul 31, 2017</b>                                                                                                                        |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>L.A.C. LIQUOR AUDIT CONTROL L.L.C.<br>PAUL B KETTLE<br>182 E ORCHARD AVE<br>HAYDEN ID 83835 |        | PAUL KETTLE<br>182 E ORCHARD AVE<br>HAYDEN ID 83835 |         |                         |  |
|                                                                                                                                                        |                  |                                                                                                                                                              |        | 3. <u>New</u> Registered Agent Signature:*          |         |                         |  |
| 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                                                                                                                                                 | KARI LYNN KETTLE | 182 E ORCHARD AVE                                                                                                                                            | HAYDEN | ID                                                  | USA     | 83835                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                            |        |                                                     |         |                         |  |
| <b>ID<br/>W 169400</b>                                                                                                                                 |                  | Signature: Paul Kettle                                                                                                                                       |        |                                                     |         | Date: 05/23/2017        |  |
|                                                                                                                                                        |                  | Name (type or print): Paul Kettle                                                                                                                            |        |                                                     |         | Title: Registered Agent |  |
| Processed 05/23/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                    |        |                                                     |         |                         |  |