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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 167693</b>                                                                                                                                    |                 | <b>Due no later than Jun 30, 2018</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>WETMORE VINS LLC<br>WILLIAM WETMORE<br>807 E STATE ST<br>BOISE ID 83712 |       | WILLIAM WETMORE<br>807 E STATE ST<br>BOISE ID 83712-8371 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                          |       | 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      |  |
| MANAGER                                                                                                                                                | WILLIAM WETMORE | 807 E STATE ST                                                                                                                           | BOISE | ID                                                       | USA     | 83712            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                        |       |                                                          |         |                  |  |
| <b>ID<br/>W 167693</b>                                                                                                                                 |                 | Signature: Will Wetmore                                                                                                                  |       |                                                          |         | Date: 06/08/2018 |  |
|                                                                                                                                                        |                 | Name (type or print): Will Wetmore                                                                                                       |       |                                                          |         | Title: Manager   |  |
| Processed 06/08/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                          |         |                  |  |