No. **W 144096**	**Due no later than Nov 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KELLECO LIBATIONS, LLC PO BOX 1545 BOISE ID 83701	RICHARD A CUMMINGS 412 E PARKCENTER BLVD STE 325 BOISE ID 83706-8361 3. New 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	MIKELLE OLIVER	1056 W. NEWFIELD DRIVE	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 144096**	Signature: Richard A Cummings	Date: 09/17/2015
	Name (type or print): Richard A Cummings	Title: Attorney

Processed 09/17/2015

* Electronically provided signatures are accepted as original signatures.