

|                                                                                                                                                        |                      |                                                                                                                                                 |            |                                                                |         |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------|---------|--------------------------|--|
| No. <b>W 150100</b>                                                                                                                                    |                      | <b>Due no later than Apr 30, 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>ABW BREW LLC<br>ALAN MERRY<br>801 S RIVERSIDE HARBOR DR<br>POST FALLS ID 83854 |            | ALAN MERRY<br>801 S RIVERSIDE HARBOR DR<br>POST FALLS ID 83854 |         |                          |  |
|                                                                                                                                                        |                      |                                                                                                                                                 |            | 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                                                                                                                                                | CATHIE LOURAIN MERRY | 801 S RIVERSIDE HARBOR DR                                                                                                                       | POST FALLS | ID                                                             | USA     | 83854                    |  |
| MANAGER                                                                                                                                                | ALAN JAY MERRY       | 801 S RIVERSIDE HARBOR DR                                                                                                                       | POST FALLS | ID                                                             | USA     | 83854                    |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                               |            |                                                                |         |                          |  |
| <b>ID<br/>W 150100</b>                                                                                                                                 |                      | Signature: Alan J Merry                                                                                                                         |            |                                                                |         | Date: 03/26/2017         |  |
|                                                                                                                                                        |                      | Name (type or print): Alan J Merry                                                                                                              |            |                                                                |         | Title: Managing Director |  |
| Processed 03/26/2017                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                       |            |                                                                |         |                          |  |