No. **W 149794**	**Due no later than Mar 31, 2017** **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.** PACK RIVER DISTILLERIES, LLC CATHARINE HELMS PO BOX 364 SANDPOINT ID 83864 USA	CATHARINE HELMS 221 N BOYER SANDPOINT ID 83864 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	CATHARINE HELMS	221 NORTH BOYER	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 149794**	Signature: Catharine Helms	Date: 01/21/2017
	Name (type or print): Catharine Helms	Title: Manager

Processed 01/21/2017

* Electronically provided signatures are accepted as original signatures.