| No. W 112164 | | Due no later than Mar 31, 2018 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|--|--------------------------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | THE PROPERTY AND PARTY AND | LESLIE PRESTON | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COILED WINES LLC. LESLIE PRESTON 3408 W CHINDEN BLVD. GARDEN CITY ID 83714 | | GARDEN CITY | 3408 W CHINDEN BLVD GARDEN CITY ID 83714 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER LESLIE D PR | | RESTON | 3408 W CHINDEN BLVD | GARDEN CITY | ID | USA | 83714 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Leslie Preston | | | Date: 03/16/2018 | | | |
| W 112164 | | Name (type or print): Leslie Preston | | | Title: owner | | | |
| Processed 03/16/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |