No. <b>W 154476</b>		Due no later than Aug 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRIPARTITE LIBATIONS, LLC 6306 W PRIMROSE ST BOISE ID 83704		2. R	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				<b>d.</b> 6 B	BRIAN GRANVALL 6306 W PRIMROSE ST BOISE ID 83704-8370  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	nes and hadresses of ac	Street or PO Address	Cit	у	State	Country	Postal Code
MANAGER BRIAN GRAN		IVALL	6306 W PRIMROSE	ВО	ISE	ID	USA	83704
5. Organized Under the Laws of:  ID  W 154476		6. Annual Report must be signed.*  Signature: Brian Granvall  Name (type or print): Brian Granvall			Date: 09/22/2016 Title: Managing Partner			
Processed 09/22/2016		* Electronically provided signatures are accepted as original signatures.						