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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 48694</b>                                                                                                                                     |              | <b>Due no later than Mar 31, 2014</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>WINE ESQUIRE, L.L.C.<br>MARK SCHWANZ<br>5021 ALWORTH<br>GARDEN CITY ID 83714 |             | ANDREW C BRASSEY<br>203 W MAIN ST<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                               |             | 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      |  |
| MEMBER                                                                                                                                                 | MARK SCHWANZ | 5021 ALWORTH                                                                                                                                  | GARDEN CITY | ID                                                  | USA     | 83714            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                             |             |                                                     |         |                  |  |
| <b>ID<br/>W 48694</b>                                                                                                                                  |              | Signature: Mark Schwanz                                                                                                                       |             |                                                     |         | Date: 02/21/2014 |  |
|                                                                                                                                                        |              | Name (type or print): Mark Schwanz                                                                                                            |             |                                                     |         | Title: Manager   |  |
| Processed 02/21/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                     |             |                                                     |         |                  |  |