No. W 158561		Due no later than Nov 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTOPHER GUGGER 256 SHASTA CIR OROFINO ID 83544			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CHRISTOPH	HIGH MOUNTAIN CATERING LLC CHRISTOPHER GUGGER 256 SHASTA CIR					
	OROFINO I	OROFINO ID 83544		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CARMINE	GUGGER	256 SHASTA CIRCLE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature:	Signature: Christopher Gugger Date: 11/28/2016					
W 158561	Name (type	Name (type or print): Christopher Gugger Title: Owner					
Processed 11/28/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					