No. W 157193		Due no later than Oct 31, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX) KELLY KEARNS 121 ANTELOPE LP CLARK FORK ID 83811-8381 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF		1. Mailing Address: Correct in this box if needed. KELLYSBARANDGRILLLC KELLY KEARNS 121 ANTELOPE LP CLARK FORK ID 83811				
NO FILING HEE IF RECEIVED BY DUE DATE						
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	KE KEARNS	121 ANTELOPE LP	CLARK FORK	ID	USA	83811
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
110		Signature: Kelly Kearns	Date: 10/10/2016			
W 157193		Name (type or print): Kelly Kearns	Title: Owner			
Processed 10/10/2016		* Electronically provided signatures are accepted as original signatures.				