

No. W 16744	Due no later than October 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WARBIRD CAFE, LIMITED LIABILITY COM PO BOX 489 JACKSON, WY 83001		PETER KLINE 675 AIRPORT RD DRIGGS, ID 83422 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGING member</td> <td>Peter Kline</td> <td>PO Box 489</td> <td>JACKSON</td> <td>wy</td> <td>83001</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGING member	Peter Kline	PO Box 489	JACKSON	wy	83001
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MANAGING member	Peter Kline	PO Box 489	JACKSON	wy	83001										
5. Organized Under the Laws of: IDAHO W 16744	6. Signature <u><i>Peter Kline</i></u> Date <u>8-24-2007</u> Name (Typed or Printed) <u>Peter Kline</u> Title <u>managing member</u>														

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Do Not Tape or Staple

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