No. <b>W 16744</b>		Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  WARBIRD CAFE, LIMITED LIABILITY COMPANY	PETER KLINE 253 WARBIRD LANE DRIGGS ID 83422			
		PATRICIA REED PO BOX 489 JACKSON WY 83001	3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Con	npanies: Enter Nam	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MARK LAJOH	N PO BOX 489	JACKSON	WY	USA	83001
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 16744		Signature: Patricia Reed	Date: 09/15/2017			
		Name (type or print): Patricia Reed	Title: Bookkeeper			
Processed 09/15/2017 * Electronically provided signatures are accepted as original signatures.						