



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 09/30/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 18822

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/13/1996

Formation Locale: ID

Name and Mailing Address:

STALEY ENTERPRISES, L.C.

362 W 160 N

BLACKFOOT, ID 83221

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

ALLEN M STALEY

362 W 160 N

BLACKFOOT, ID 83221

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Allen M. Staley	362 W 160 N	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lance Staley	2061 Scenic Drive	Idaho Falls, ID 83401
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Mark Staley	32 Archer	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jan Kuykendall	898 S. Meridian	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kip Staley	161 N 400W	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Allen M Staley

(6) Date:

9-13-19

(7) Type/Print Name:

Allen M. Staley

(8) Title:

Agent / Mgr.

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0317-8107 09/16/2019 10:17 AM Received by ID Secretary of State Lawrence Denney