




No. <b>W 18793</b>	Due no later than Apr 30, 2011 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) LINDA STAHLCKER 923 CRAVEN ST BUHL ID 83316-1816			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> STAHLCKER FARMS, LLC LINDA STAHLCKER 923 CRAVEN ST BUHL ID 83316-1816		3. <u>New</u> Registered Agent Signature.			

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.**

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Member	Wayne	923 Craven St	Buhl	Id	TF	83316
member	Linda	923 Craven St	Buhl	Id	TF	83316
member	Gary	923 Craven St	Buhl	Id	TF	83316
Member	Lynette	923 Craven St	Buhl	Id	TF	83316

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 18793</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Signature: <u></u> </td> <td style="width: 30%;">           Date: <u>2-8-11</u> </td> </tr> <tr> <td>           Name (type or print): <u>Linda Stahlcker</u> </td> <td>           Title: <u>member</u> </td> </tr> </table>	Signature: <u></u>	Date: <u>2-8-11</u>	Name (type or print): <u>Linda Stahlcker</u>	Title: <u>member</u>
Signature: <u></u>	Date: <u>2-8-11</u>				
Name (type or print): <u>Linda Stahlcker</u>	Title: <u>member</u>				