



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Anı	nua	ıl	Report	t: No	filing	fee	if	recei	ved	by	due	date	₽.

If reinstatement is required, the reinstatement fee is \$30.00.

Return completed form within 30 days to:

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Idaho Secretary of State Attn: Annual Reports 700 West Jefferson, E205 450 North 4th Street

Boise, ID 83702 Phone: (208) 334-2300

SOS Control Number:	78153
Limited Liability Compan	v (D)

Filing Status: Active-Existing

Date Formed: 11/25/2002

Formation Locale: ID

Name and Mailing Address:

STOUT ENTERPRISES, L.L.C.

339N 150W

BLACKFOOT, ID 83221

(1) Add or Change Mailing Address:

(2) Change RA and/or RO Address:

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

JOSH AMREIN 339N 150W

BLACKFOOT, ID 83221

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

(3) New Registered Agent (RA) Signature:

(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
☐ Mgr Mem	JOSH AMREIN	339 North 150 west	Blackfost Id. 83721
Mgr Mem			
Mgr Mem			
Mgr Mem			
☐Mgr ☐Mem			
Mgr Mem			
nviem			
∭wiğr			
(5) Signature:	Jan Same	(6) Date: 10 - ;}	4-18
(7) Type/Print Nam	e: JoSH AMREIN	(8) Title: Me	nber
Instructions: Leg	gibly complete the form above. Enclose a ch	eck made payable to the Idaho Secretary of S	tate for \$30 if reinstating.

Sign and date this form and return to the address provided above.