

No. **W 18793**

Due no later than **Apr 30, 2014**
Annual Report Form

2. Registered Agent and Office
(NOT A P.O. BOX)

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

1. **Mailing Address: Correct in this box if needed.**

STAHLCKER FARMS, LLC
LINDA STAHLCKER
923 CRAVEN ST
BUHL ID 83316-1816

**NO FILING FEE IF
RECEIVED BY DUE
DATE**

3. **New** Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Wayne Stahlcker	923 Craven Ave	Buhl Id	TF		83316
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Linda Stahlcker	923 Craven Ave	Buhl, Id	TF		83316
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary Stahlcker	923 Craven Ave	Buhl, Id	TF		83316
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynette Stahlcker	923 Craven Ave	Buhl, Id	TF		83316

5. Organized Under the Laws of:

**IDAHO
W 18793**

6.

Signature:

Linda Stahlcker

Name (type or print):

Linda Stahlcker

Date:

2-13-14

Title:

member