



# Idaho Limited Liability Company Annual Report Form

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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

For Office Use Only

**-FILED-**

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Date Filed: 8/21/2024 9:31:00 AM

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

SOS Control Number: 329129

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/15/2011

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

STOUT RANCH & SON, LLC

16 S CLEVELAND AVE

BLACKFOOT, ID 83221-2906

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

(2) Change RA and/or RO Address:

CHARLES A STOUT

16 S CLEVELAND AVE

BLACKFOOT, ID 83221

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 type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | CHARLES A. STOUT | 16 SOUTH CLEVELAND AVE | BLACKFOOT, ID, 83221 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | CHARLES M STOUT  | 16 SOUTH CLEVELAND AVE | BLACKFOOT, ID, 83221 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                        |                      |
| <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: Charles M Stout

(6) Date: AUG 18 - 2024

(7) Type/Print Name: CHARLES M STOUT

(8) Title: MEMBER

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

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