

No. W 2892 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) ALLEN M STALEY 362 W 160 N BLACKFOOT ID 83221 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lance Staley</td> <td>2061 Scenic Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonner</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mark Staley</td> <td>32 Archer</td> <td>Blackfoot</td> <td>ID</td> <td>Bingham</td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jan Iruykendall</td> <td>8985 Meridian</td> <td>Blackfoot</td> <td>ID</td> <td>Bingham</td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kip Staley</td> <td>161N 400W</td> <td>Blackfoot</td> <td>ID</td> <td>Bingham</td> <td>83221</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lance Staley	2061 Scenic Dr	Idaho Falls	ID	Bonner	83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mark Staley	32 Archer	Blackfoot	ID	Bingham	83221	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jan Iruykendall	8985 Meridian	Blackfoot	ID	Bingham	83221	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kip Staley	161N 400W	Blackfoot	ID	Bingham	83221
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 2892 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Allen M Staley</u> </td> <td style="width: 40%;"> Date: <u>8-10-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Allen M. Staley</u> </td> <td> Title: <u>Agent/Manager</u> </td> </tr> </table>		Signature: <u>Allen M Staley</u>	Date: <u>8-10-18</u>	Name (type or print): <u>Allen M. Staley</u>	Title: <u>Agent/Manager</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM