



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 12/31/2021

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

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

SOS Control Number: 4104800

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/21/2020

Formation Locale: ID

Name and Mailing Address:

Wistisen Family Farm, LLC

PO BOX 116

BANCROFT, ID 83217-0116

(1) Add or Change Mailing Address:

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

Stanley Wistisen

1282 SQUAW CREEK RD

BANCROFT, ID 83217-0116

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Kathleen Wistisen	1282 Squaw Creek Rd	Bancroft, ID 83217
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Stanley Wistisen	1282 Squaw Creek Rd	Bancroft, ID 83217
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Jason Wistisen	431 W. 300 N	Blackfoot, ID 83221
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Pamela Mills	1010 Landview Dr	Malad, ID 83252
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Brandon Wistise	2701 13th Street SE	Minot, ND 58701
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Tamara Rodriguez	1282 Squaw Creek Rd	Bancroft, ID 83217
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kimberly Neville	2517 Rocky Branch Road	Vienna, VA 22181
<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: Kathleen Wistisen

(6) Date: 12-23-2021

(7) Type/Print Name: Kathleen Wistisen

(8) Title: Manager

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

B0657-5662 12/28/2021 10:30 AM Received by ID Secretary of State Lawrence Denney