



Idaho Limited Liability Company Annual Report Form

For Office Use Only

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2022

Return completed **-FILED-** 30 days to:

Idaho Secretary c

Attn: Ann File #: 0004829474

450 North Date Filed: 7/22/2022 11:40:00 AM

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 3915247

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/24/2020

Formation Locale: ID

Name and Mailing Address:

N4, LLC

1950 BENCH RD

MONTPELIER, ID 83254-5223

(1) Add or Change Mailing Address:

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

CHARLES LEE NELSON

1950 BENCH RD

MONTPELIER, ID 83254

(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	C Lee Nelson	1950 Bench Rd	Montpelier, Id 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Nina Nelson	1950 Bench Rd	Montpelier Id 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jimmy K Nelson	1300 W. Main PO Box 1012	Warland, Wyo 83401
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joy Carl Nelson	PO Box 43	Cohasset, Wyo 83104
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dana Chaon	4075 Sunning Rock Dr	Prosser, Id 83202
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Tina May Nelson	1615 Bond Rd	Prosser, Id 83201
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joseph Lee Nelson	18608 Hwy 30	Montpelier, Id 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jared Wayne Nelson	2233 Butte St	Prosser, Id 83201
<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:

C. Lee Nelson

(6) Date:

7/17/22

(7) Type/Print Name:

C Lee Nelson

(8) Title:

Manager

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

06/30/2022 11:40 AM Received by ID