



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

SOS Control Number: 3915247

Limited Liability Company (D)

Filing Status: Active-Existing

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 Banch Rd	Montpelier, Idaho 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Nina Nelson	1950 Banch Rd	Montpelier, Idaho 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jimmy Nelson	1300 W 1st St	Worland, WY 82401
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jay Carl Nelson	P O Box 473	Cotulla, NY 83115
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Anna Louise Chacon	4075 Sunny Brook Dr	Protob, Id 83202
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Tinna May Nelson	1615 Banch Rd	Protob, Id 83201
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joseph Lee Nelson	18608 US Hwy 30	Montpelier, Id 83254
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Garid Wayne Nelson	2233 Butte St	Protob, 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: 6/24/24

(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.

8914-2857-06/24/2024

12:39 PM Received by Office

Secretary of State