



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2021

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: 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 ROAD

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	Charles 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 Wilson	Warland, WY 82401
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Gayle Carl Nelson	PO Box 43	Cokeville, WY 83114
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Nina May Nelson	1615 Bench Rd	Portville, ID 83201
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Anna Louise Chason	4075 Sunning Brook Drive	Portville, ID 83202
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Joseph Lee Nelson	5.7th St	Montpelier, ID 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jared Wayne Nelson	2233 Butler St	Portville, 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: 6/21/21

(7) Type/Print Name: Charles Lee Nelson

(8) Title: Mgr

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

B0612-5323 06/25/2021 9:21 AM Received by ID Secretary of State Lawrence Denney