



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Return completed form within 30 days:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 371350

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/15/2013

Formation Locale: ID

Name and Mailing Address:

4-M CATTLE COMPANY L.L.C.

1948 LIGNITE RD

SAGLE, ID 83860

(1) Add or Change Mailing Address:

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

JERALYN MIRE

1948 LIGNITE RD

SAGLE, ID 83860

(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:

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MARTIN L. MIRE	1948 Lignite Rd	Sagle, ID 83860
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jeralyn Mire	1948 Lignite Rd	Sagle, ID 83860
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Daniel J. Mire	1948 Lignite Rd	Sagle, ID 83860
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Kristine Mire	1948 Lignite Rd	Sagle, ID 83860
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<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:

Jeralyn L Mire

(6) Date:

4/1/19

(7) Type/Print Name:

Jeralyn Mire

(8) Title:

Sec

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0198-85597 04/25/2019 2:50 PM Received by ID Secretary of State Lawrence Denney