



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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Due no later than: 12/31/2024

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

SOS Control Number: 4528693

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/13/2021

Formation Locale: ID

Name and Mailing Address:

Circle T Family Farm, LLC
PO BOX 1198
PRIEST RIVER, ID 83856-1198

(1) Add or Change Mailing Address:

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

MARK THIERS
144 CAT RD
PRIEST RIVER, ID 83856

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Mark Thiers	144 cat Rd.	Priest River, Id. 83856
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Jacob Thiers	144 cat Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Frank Thiers	144 cat Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Starrig Thiers	144 cat Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bart Thiers	144 cat Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sharon Thiers	144 cat Rd.	Priest River, Id. 83856
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jodie Crow	144 cat Rd.	Priest River, Id. 83856
<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:

Mark Thiers

(6) Date:

12-20-04

(7) Type/Print Name:

Mark Thiers

(8) Title:

Agent/Mem

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

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