



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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-**

File #: 0004984726

Date Filed: 11/7/2022 10:34:00 AM

Due no later than: 11/30/2022

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

SOS Control Number: 181227

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/29/2006

Formation Locale: ID

**Name and Mailing Address:**

P CROSS RANCH, LLC  
4748 OLD LOOP RD  
MACKAY, ID 83251-4430

(1) Add or Change Mailing Address:

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

SCOTT MCAFFEE  
4748 OLD LOOP RD  
MACKAY, ID 83251

(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	SCOTT MCAFFEE	4748 OH Loop Rd	MACKAY, ID 83251
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	GAIL MCAFFEE	4748 Old Loop Rd	MACKAY, ID 83251
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bart Wojciechowski	4744 Old Loop Rd	MACKAY, ID 83251
<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			
<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:

*Scott McAfee*

(6) Date:

11-4-22

(7) Type/Print Name:

SCOTT MCAFFEE

(8) Title:

RA

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

B0736-6750 11/07/2022 10:34 AM Received by Office of the Idaho Secretary of State