



# 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-**

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Due no later than: 01/31/2023

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

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 83860-9247

(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:**

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 | Jeralyn Mire | 1948 Lignite Rd. | Sagle, ID 83860  |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Martha Mire  | "                |                  |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Daniel Mire  | "                |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                  |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |              |                  |                  |
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| <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 Mire*

(6) Date:

2/20/23

(7) Type/Print Name:

Jeralyn L. Mire

(8) Title:

Soc / Treas

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

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