


No. <b>W 77810</b>	Due no later than 9/30/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed.		PAUL F ABRAHAM 83 PACKER JOHN DR GARDEN VALLEY ID 83622
	P & V ENTERPRISES LLC 7236 HWY 21 LOWMAN ID 83637		3. New Registered Agent Signature:
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Zip
OWNER	PAUL FABRAHAM	PO BOX 784	G.V. ID 83622
5. Organized Under the Laws of:		6. Annual Report must be signed	
ID W 77810		Signature: 	Date: 11-3-09
		Name(type or print): PAUL FABRAHAM	Title: OWNER

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**BLOCK 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**BLOCK 3:** Only a new registered agent must sign in Block 3.