



# Idaho Limited Liability Company Annual Report Form

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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 #: 0006114730

Date Filed: 2/20/2025 12:24:00 PM

Due no later than: 03/31/2025

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

SOS Control Number: 257515

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/23/2009

Formation Locale: ID

**Name and Mailing Address:**

GARDEN CREEK INVESTMENTS, LLC  
PO BOX 55  
ARIMO, ID 83214-0055

(1) Add or Change Mailing Address:

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

DAN C WILLIAMS  
7740 GARDEN CREEK RD  
ARIMO, ID 83214

(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 checked="" type="checkbox"/> Mem	Dan C. Williams	7740 Garden Creek Rd	Arimo Id 83214
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bobette Williams	7740 Garden Creek Rd	Arimo Id 83214
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dustin Dan Williams	1006 East Arimo Rd	Arimo Id 83214
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Steve Ryan Williams	2509 West Arimo Rd	Arimo Id 83214
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Derek Richard Williams	521 West 100th	Paul Id 83347
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Brianne Genevieve Prince	4276 Lusk Loop	Arden Id 83212
<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:

*Dan C Williams*

(6) Date:

2-18-2025

(7) Type/Print Name:

Dan C. Williams

(8) Title:

Manager

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

B0984-2494 02/20/2025 12:24 PM Received by Office of the Idaho Secretary of State