







## STATE OF IDAHO

Office of the secretary of state, Phil McGrane **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$0.00

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-FILED-

File #: 0005324539

Date Filed: 7/17/2023 1:38:02 PM

| Entity Name and Mailing Address:  |                                  |         |   |            |
|---|----------------------------------|---------|---|------------|
| Entity Name:  |                                  |         | #299 PIONEER EXCHANGE ACCOMMODATION TITLEHOLDER, LLC              |            |
| The file number of this entity on the records of the Idaho Secretary of State is: |                                  |         | 0000516197  |            |
| Address   |                                  |         | JEFF SCHWERS<br>440 E STATE ST<br>STE 140<br>EAGLE, ID 83616-7496 |            |
| Entity Details:   |                                  |         |   |            |
| Entity Status   |                                  |         | Active-Existing   |            |
| This entity is organized under the laws of:                                       |                                  |         | IDAHO   |            |
| If applicable, the old file number<br>the Idaho Secretary of State wa             |                                  | W170332 |   |            |
| The registered agent on record is:  |                                  |         |   |            |
| Registered Agent  |                                  |         | JEFF SCHWERS  |            |
|   |                                  |         | Registered Agent  |            |
|   |                                  |         | Physical Address  |            |
|   |                                  |         | 3095 W RETREAT LANE<br>EAGLE, ID 83616                            |            |
|   |                                  |         | Mailing Address   |            |
|   |                                  |         | Mailing / Mail 555  |            |
| Agent or Address Change   |                                  |         |   |            |
| Select if you are appointing  | ı a new agent.                   |         |   |            |
| Limited Liability Company Managers and  | Members                          |         |   |            |
| Name  | Title                            |         | Business Address  |            |
| jeff schwers  | Manager                          | 1       | W RETREAT LANE<br>LE, ID 83616                                    |            |
| The annual report must be signed by an a  | authorized signer of the entity. |         |   |            |
| Job Title: president  |                                  |         |   |            |
| Jeff E Schwers  |                                  |         |   | 07/17/2023 |
| Sign Here   |                                  |         |   | Date       |