



# Idaho Limited Liability Company Annual Report Form

For Office Use Only

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

Due no later than: 03/31/2022

Return completed **-FILED-** 30 days by:

Idaho Secretary of

Attn: Ann File #: 0004711307

450 North 4th Street Date Filed: 4/20/2022 4:29:00 PM

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 284059

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/16/2010

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

P & W INVESTMENT COMPANY, L.L.C.  
204 HARTERT DR  
IDAHO FALLS, ID 83404-7133

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

(2) Change RA and/or RO Address:

BOYD W POOLE  
204 HARTERT DR  
IDAHO FALLS, ID 83404

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	Boyd W Poole	204 HARTERT DR	IDAHO FALLS ID 83404
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Boyd W Poole

(6) Date: 04/19/2020

(7) Type/Print Name: Boyd W Poole

(8) Title: Manager

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

B0696-1579 04/20/2022 4:29 PM Received by ID Secretary of State Lawrence Denney