INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-24-1995

No. 211

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1 Mailing Address -- *Please Correct If Not Correct*

MOPAN ASSOCIATES LIMITED LIABIL
TED S SORENSON
5203 S 11TH E

IDAHO FALLS ID 83404

2. Registered Agent and Office NOT A P.O. BOX

TED S SORENSON
5203 S 11TH E

IDAHO FALLS ID 83404

3. Organized Under The Laws of

ID
NO: 211

4. Names and Addresses of ☒ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Ted S. Sorenson	5203 South 11th East	Idaho Falls, ID	83404	

5. Signature of the Current Registered Agent
(if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Ted S. Sorenson Date

Name (Typed or Printed) Ted S. Sorenson