No. W 66327	Due no later than Sep 30, 2017 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  JORGENSEN ENTERPRISES LLC  DENNIS K JORGENSEN  4476 E 250 N  RIGBY ID 83442	JARIN O HAMMER 2105 CORONADO ST IDAHO FALLS ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code  Manager Member OP Name Street or PO Address City State Country Postal Code  Manager Member OP Name Street or PO Address City State Country Postal Code  Manager Member OP Name Street or PO Address City State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name Street or PO Address OF Name State Country Postal Code  Manager Member OP Name State Code Name State Country Postal Code  Manager Member OP Name State Country Postal Code  Manager Member OP Name State Code Name S		
5. Organized Under the Law IDAHO W 66327 Issued 08/17/2017 by SLD	Name (type of print):  Name Torge	Date:  SQI/17  Title:  Navages  104625