

No. W 6837	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JONATHAN NELSEN 31 E 700 N JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SONNICHSEN L.L.C. JACK NELSEN 120 E 600 N JEROME ID 83338		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joan Nelsen	120 E 600 N	Jerome ID	USA		83338
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jack H Nelsen	120 E 600 N	Jerome ID	USA		83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 6837 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: 9-29-16 </td> </tr> <tr> <td> Name (type or print): Jonathan Nelsen </td> <td> Title: Agent </td> </tr> </table>	Signature: 	Date: 9-29-16	Name (type or print): Jonathan Nelsen	Title: Agent
Signature: 	Date: 9-29-16				
Name (type or print): Jonathan Nelsen	Title: Agent				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future...