

No. W 52767	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT A SORENSEN 11528 AVONDALE RD HAYDEN ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SORENSEN DEVELOPING, L.L.C. ROBERT A SORENSEN 11528 AVONDALE RD HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robert A. Sorensen	11528 N. Avondale Loop Rd, Hayden, Id 83835	
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Wayne R. Sorensen	10464 N. Lakeview Drive, Hayden, Id 83835	
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-weight: bold;">IDAHO W 52767</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u><i>Robert A Sorensen</i></u> Name (type or print): <u>Robert A. Sorensen</u> </div> <div> Date: <u>4/10/12</u> Title: _____ </div> </div>	
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