

No. W 75508		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SORENSEN L L C SKIP G SORENSEN 700 LOMBARD ST SALMON ID 83467		SKIPPY G SORENSEN 700 LOMBARD ST SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SKIPPY G SORENSEN	Street or PO Address 700 LOMBARD ST		City SALMON	State ID	Country	Postal Code 83467
5. Organized Under the Laws of: ID W 75508		6. Annual Report must be signed.* Signature: skip sorensen Name (type or print): skip sorensen Date: 04/27/2017 Title: manager					
Processed 04/27/2017 * Electronically provided signatures are accepted as original signatures.							