No. <b>W 155006</b> Return to:		Due no later than Aug 31, 2018  Annual Report Form			2. Registered Agent and Address (NO PO BOX)  CRAIG L. SORENSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CLSOREN, LLC  CRAIG L. SORENSEN  124 S 750 E  DIETRICH ID 83324			124 S 750 E DIETRICH ID 83324  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	у	State	Country	Postal Code
MANAGER	CRAIG L SC	DRENSEN	124 S 750 E	DIE	TRICH	ID	USA	83324
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Craig L Sorensen			Date: 07/27/2018			
W 155006		Name (type or print): Craig L Sorensen			Title: manager			
Processed 07/27/2018 * Electronically provided signatures are accepted as original signatures.								