	Annual Report Form Due No Later Than November	1998 2.8	legistered Agent	and Office NOT	A D O PO
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Co	(Control of the Control of the Contr	SAYLE A	SORENSON	TT.O. BO)
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SORENSON LEASING, L.L	- C -	5203 s 1		
NO FEE REQUIRED	5203 S 11TH E	<u> </u>	AP CHAG	_	83404
* FIRST NOTICE *	IDAHO FALLS ID 3		rganized Under		
Corporations: Enter Names and Limited Liability Companies: Enter	Business Addresses of President, Secretary are re Names and Addresses of Managers or	nd Directors	ID.	<u> </u>	373
Office held Name		☐ Members (chec	k one)		
lember Ted S Sor	Street or P.O. Address		City	<u>State</u>	Zip
	- CO OF FICH E.		Falls	ID 834	04
ember Gayle A. S	orenson 5203 S. 11th E.	Idaho	Falls	ID 834	04
Signature of New Registered A	Agent 6.				
Samuel of New Hegistered A	Signature <u>full</u>	/	Date	8/4/6 8	7
ISSUED: 07-03-19	Name (Typed or Ted_ S.	Sorenson	Title Me	mber	
	C DC NOT -	STAPLE)	1	653	
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