


No. W 56355	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) CORY SORENSEN 154 S 3RD W REXBURG ID 83440																																			
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 BROTHERS, LLC CORY C SORENSEN 154 S 3RD W REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cory Sorensen</td> <td>154 S. 3rd W.</td> <td>REXBURG</td> <td>ID</td> <td></td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ryan Sorensen</td> <td>4700 Schurz Hwy</td> <td>FALLON,</td> <td>NV</td> <td></td> <td>89406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Roger Sorensen</td> <td>4750 Schurz Hwy</td> <td>FALLON,</td> <td>NV</td> <td></td> <td>89406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ERIC Sorensen</td> <td>145 S. 2nd W.</td> <td>REXBURG</td> <td>ID</td> <td></td> <td>83440</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cory Sorensen	154 S. 3rd W.	REXBURG	ID		83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ryan Sorensen	4700 Schurz Hwy	FALLON,	NV		89406	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roger Sorensen	4750 Schurz Hwy	FALLON,	NV		89406	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ERIC Sorensen	145 S. 2nd W.	REXBURG	ID		83440
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5. Organized Under the Laws of: IDAHO W 56355		6. Signature:  Date: 3-30-15 Name (type or print): CORY SORENSEN Title: CEO																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM