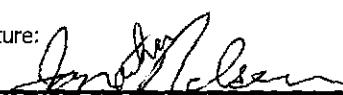


No. W 6837	Due no later than Aug 31, 2017 Annual Report Form			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>		
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  SONNICHSEN L.L.C. JACK NELSEN 120 E 600 N JEROME ID 83338			JONATHAN NELSEN 31 E 700 N JEROME ID 83338		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 type="checkbox"/> Member <input type="checkbox"/>	John Nelsen	120E 600 N	Jerome	ID	USA	83338
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.				
IDAHO W 6837	Signature: 					Date: <u>6-20-17</u>
	Name (type or print): <u>Jonathan Nelsen</u>					Title: <u>Agent</u>