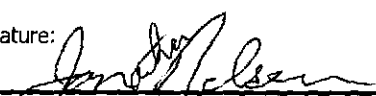
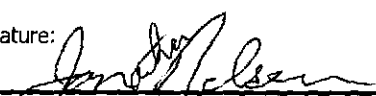
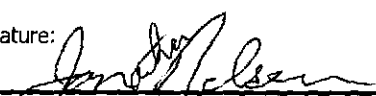


No. W 6837	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JONATHAN NELSEN 31 E 700 N JEROME ID 83338
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SONNICHSEN L.L.C. JACK NELSEN 120 E 600 N JEROME ID 83338		3. <u>New</u> Registered Agent Signature.

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joan Nelsen	120E600N	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 6837 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u></u> </td> <td style="width: 40%;"> Date: <u>6-20-17</u> </td> </tr> <tr> <td> Name (type or print): <u>Jonathan Nelsen</u> </td> <td> Title: <u>Agent</u> </td> </tr> </table>	Signature: <u></u>	Date: <u>6-20-17</u>	Name (type or print): <u>Jonathan Nelsen</u>	Title: <u>Agent</u>
Signature: <u></u>	Date: <u>6-20-17</u>				
Name (type or print): <u>Jonathan Nelsen</u>	Title: <u>Agent</u>				

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