

No. <b>W 66293</b>		<b>Due no later than Sep 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SORENSEN APARTMENTS, LLC MURRAY JIM SORENSEN 181 NW MAIN ST. BLACKFOOT ID 83221		MURRAY JIM SORENSEN 181 NW MAIN ST. BLACKFOOT ID 83221			
<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 at least one Member or Manager.							
Office Held MANAGER	Name MURRAY JIM SORENSEN	Street or PO Address 181 NW MAIN		City BLACKFOOT	State ID	Country	Postal Code 83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 66293</b>		6. Annual Report must be signed.*  Signature: Murray Jim Sorensen Name (type or print): Murray Jim Sorensen  Date: 09/13/2016 Title: Registered Agent					
Processed 09/13/2016 * Electronically provided signatures are accepted as original signatures.							