

No. W 66293		Due no later than Sep 30, 2016		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SORENSEN APARTMENTS, LLC MURRAY JIM SORENSEN 181 NW MAIN ST. BLACKFOOT ID 83221		MURRAY JIM SORENSEN 181 NW MAIN ST. BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MURRAY JIM SORENSEN	181 NW MAIN	BLACKFOOT	ID		83221	
5. Organized Under the Laws of: ID W 66293		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.					