

No. <b>W 7601</b>		<b>Due no later than Dec 31, 2017</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		TRACY SORENSEN 1509 N 470 E SHOSHONE ID 83352			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		4 HANS-SORENSEN FARMS LLC TRACY SORENSEN 1509 N 470 E SHOSHONE ID 83352					
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	TRACY SORENSEN	1509 N 470 E	SHOSHONE	ID		83352	
MANAGER	CONNIE S SORENSEN	1509 NORTH 470 EAST	SHOSHONE	ID	USA	83352-5358	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 7601</b>		Signature: Connie Sorensen			Date: 12/30/2017		
		Name (type or print): Connie Sorensen			Title: Owner Manager		
Processed 12/30/2017		* Electronically provided signatures are accepted as original signatures.					