

No. <b>W 6837</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	Due no later than Aug 31, 2018 <b>Annual Report Form</b>  1. <b>Mailing Address: Correct in this box if needed.</b> SONNICHSEN L.L.C. JACK NELSEN 120 E 600 N JEROME ID 83338	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JONATHAN NELSEN 31 E 700 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. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Joan Nelsen</td> <td>120 E 600 N</td> <td>Jerome ID</td> <td>46A</td> <td>83338</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Joan Nelsen	120 E 600 N	Jerome ID	46A	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"/>						
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5. Organized Under the Laws of:  IDAHO W 6837	6. Signature: <u>Jonathan Nelsen</u> Date: <u>6-27-18</u> Name (type or print): <u>Jonathan Nelsen</u> Title: <u>Agent</u>																																				