

No. C113046

Annual Report Form

Due No Later Than November 30,

1997

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

SORENSEN INSURANCE, INC.
GARY D SORENSON
PO BOX 351GARY D SORENSON
31 EAST MAIN ST

WEISER ID 83672

3. Organized Under the Laws of:

ID C113046

* FIRST NOTICE *

WEISER ID 83672

4. Corporations: Enter Names and Business Addresses of
- President, Secretary and Directors**
-
- Limited Liability Companies: Enter Names and Addresses of
- ☐
- Managers**
- or
- ☐
- Members**
- (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President Gary Sorenson 1272 45 Hwy 95 Weiser Id. 83672

Secretary Susan Sorenson 1272 45 Hwy 95 Weiser Id. 83672

5.

6.

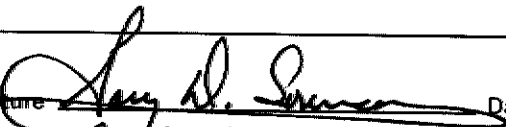
Signature

Name

(Typed or
Printed)

Date

Title

Signature 
Name (Typed or Printed) Gary D. Sorenson
Date 7-14-97
Title Owner - Pres

ISSUED: 07-04-1997 DO NOT TAPE OR STAPLE

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