No. <b>W 16114</b>		Due no later than Aug 31, 2009	2. Registered Agent and Address (NO PO BOX)  SHAUN ORR 1162 CRESCENT DR REXBURG ID 83440  3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SORR ENTERPRISES, LLC SHAUN ORR 1162 CRESCENT DR REXBURG ID 83440				
NO FILING FEE IF RECEIVED BY DUE DATE						
<ol><li>Limited Liability Compa</li></ol>	anies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER	SHAUN ORR DEANNA ORF		REBURG REXBURG	ID ID	USA USA	83440 83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID W 16114		Signature: Deanna Orr	Date: 06/26/2009			
		Name (type or print): Deanna Orr	Title: Manager			
Processed 06/26/2009		* Electronically provided signatures are accepted as original signatures	natures.			