

No. C113046	<b>Annual Report Form 1999</b> Due No Later Than November 30,		2. Registered Agent and Office NO. J. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct If Not Correct  <b>SORENSEN INSURANCE, INC.</b> <b>GARY D SORENSON</b> <b>PO BOX 351</b>		<b>GARY D SORENSON</b> <b>31 EAST MAIN ST</b>  <b>WEISER ID 83672</b>
	<b>WEISER ID 83672</b>	3. Organized Under the Laws of:  <b>ID C113046</b>	

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 held	Name	Street or P.O. Address	City	State	Zip
President	Gary D. Sorenson	P.O. Box 351	Weiser	ID	83672
Secretary	Susan M. Sorenson	P.O. Box 351	Weiser	ID	83672

5. Signature of New Registered Agent	6.	
	Signature <u>Gary D. Sorenson</u> Name (Typed or Printed) <u>GARY D. SORENSON</u>	Date <u>7/14/99</u> Title <u>Prc</u>

ISSUED: 07-03-1999

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