

No. W 7601		Due no later than Dec 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TRACY SORENSEN 1509 N 470 E SHOSHONE ID 83352			
		1. Mailing Address: Correct in this box if needed.		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 L SORENSEN	1509 N 470 E	SHOSHONE	ID	USA	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.*					
ID W 7601		Signature: Connie S Sorensen				Date: 10/30/2013	
		Name (type or print): Connie S Sorensen				Title: Manager	
Processed 10/30/2013		* Electronically provided signatures are accepted as original signatures.					