

PETE T. CENARRUSA  
SECRETARY OF STATE

BEN YSURSA  
CHIEF DEPUTY  
SECRETARY OF STATE

700 West Jefferson  
PO Box 83720  
Boise, Idaho 83720-0080  
Telephone 208 334-2300  
Facsimile 208 334-2282



STATE OF IDAHO  
SECRETARY OF STATE

Corporations Division  
208 334-2301  
Uniform Commercial Code Division  
208 334-3191  
Facsimile 334-2847  
Trademarks/Notaries Division  
208 334-2300  
Elections Division  
208 334-2852  
Legislative and Executive Affairs  
208 334-2300  
Fiscal Division  
208 334-3355  
Computer Services  
208 334-5354

July 16, 1996

SORENSEN INSURANCE, INC.  
GARY D SORENSON  
PO BOX 351  
WEISER ID 83672

RE: SORENSON INSURANCE, INC. File Number C 113046

Dear Mr. Sorenson:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

We return the annual report and ask that the names of the corporate officers, as well as the directors, be shown on the report. If the corporation has not elected officers, please hold the annual report until the election has been held. So long as the report is filed before November 30, 1996, the corporation will remain in good standing.

If you have any questions or need further assistance, please do not hesitate to contact me at (208) 332-2816.

Very truly yours,

*Tonya Herold*

Tonya Herold  
Corporate Division

Enclosures: cited

No. C113046	<b>Annual Report Form 1996</b> Due No Later Than November 30.		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
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> <del>31 EAST MAIN ST</del> <b>PO Box 351</b>  <b>WEISER ID 83672</b>		<b>GARY D SORENSON</b> <b>31 EAST MAIN ST</b>  <b>WEISER ID 83672</b>  3. Organized Under the Laws of:  <b>ID C113046</b>																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th data-bbox="57 367 173 399">Office held</th> <th data-bbox="305 367 371 399">Name</th> <th data-bbox="602 367 834 399">Street or P.O. Address</th> <th data-bbox="1049 367 1098 399">City</th> <th data-bbox="1214 367 1280 399">State</th> <th data-bbox="1362 367 1412 399">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="57 399 173 452"><del>Pres.</del> Dir.</td> <td data-bbox="206 399 503 452">Gary D. Sorenson</td> <td data-bbox="602 399 801 452">PO Box 351</td> <td data-bbox="966 399 1098 452">Weiser</td> <td data-bbox="1197 399 1263 452">ID</td> <td data-bbox="1313 399 1412 452">83672</td> </tr> <tr> <td data-bbox="57 452 173 516">Dir.</td> <td data-bbox="206 452 520 516">Susan M. Sorenson</td> <td data-bbox="602 452 801 516">PO Box 351</td> <td data-bbox="966 452 1098 516">Weiser</td> <td data-bbox="1197 452 1263 516">ID.</td> <td data-bbox="1313 452 1412 516">83672</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<del>Pres.</del> Dir.	Gary D. Sorenson	PO Box 351	Weiser	ID	83672	Dir.	Susan M. Sorenson	PO Box 351	Weiser	ID.	83672
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Dir.	Susan M. Sorenson	PO Box 351	Weiser	ID.	83672																	
5. NATURE OF BUSINESS  <b>INSURANCE AGENCY</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature: <u>Gary D. Sorenson</u> Date: <u>7/15/96</u> Name (Typed or Printed): <u>GARY D. SORENSON</u> Title: <u>Director</u>																					

ISSUED: 07-06-1996

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