

|                                                                                                                                                        |                  |                                                                                                                                                        |             |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 5373</b>                                                                                                                                      |                  | <b>Due no later than Jan 31, 2008</b>                                                                                                                  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SORENSON LEASING, L.L.C.<br>GAYLE A SORENSON<br>5203 S 11TH E<br>IDAHO FALLS ID 83404 |             | GAYLE A SORENSON<br>5203 S 11TH E<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                        |             | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | GAYLE A SORENSON | 5203 S 11TH E                                                                                                                                          | IDAHO FALLS | ID                                                        | USA     | 83404       |  |
| MEMBER                                                                                                                                                 | TED S SORENSON   | 5203 S 11TH E                                                                                                                                          | IDAHO FALLS | ID                                                        | USA     | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 5373</b>                                                                                            |                  | 6. Annual Report must be signed.*<br>Signature: Gayle A Sorenson<br>Name (type or print): Gayle A Sorenson                                             |             |                                                           |         |             |  |
|                                                                                                                                                        |                  | Date: 11/27/2007<br>Title: Member                                                                                                                      |             |                                                           |         |             |  |
| Processed 11/27/2007                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                              |             |                                                           |         |             |  |