No. <b>W 131105</b>		Due no later than Nov 30, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JULIE L DAVIS 596 NORTH FORK RD TWIN FALLS ID 83301			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  HOMEWORK HELPERS OF MAGIC VALLEY L.L.C. JULIE DAVIS 596 NORTH FORK RD. TWIN FALLS ID 83301 USA						
				3	3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	STEVEN C   JULIE DAVIS		596 NORTH FORK RD. 596 NORTH FORK RD.		TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 131105		Signature: Julie L. Davis			Date: 11/18/2017			
		Name (type or print): Julie L. Davis			Title: member/owner			
Processed 11/18/2017		* Electronically	provided signatures are accepted as origina	al signat	tures.			