No. <b>C 90480</b>		Due no later than Oct 31, 2013	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAGIC VALLEY HELI-ARC & MFG., INC.  HAROLD LEWIS OWENS  198 FREIGHTWAY STREET  PO BOX 511  TWIN FALLS ID 83301		HAROLD LEWIS OWENS 198 FREIGHTWAY STREET TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MAGIC VAL HAROLD LE						
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALL						
4. Corporations: Enter Names an	d Business Addresses	of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
To the contract of the contrac	M OWENS LD L OWENS	2241 B EAST 4100 NORTH 2241 B EAST 4100 NORTH	FILER FILER	ID ID	USA USA	83328 83328	
5. Organized Under the Laws of: 6. Ann		. Annual Report must be signed.*					
ID	Signature:	Linda Owens	Da	Date: 10/24/2013			
C 90480	Name (type	Name (type or print): Linda Owens		Title: Corp. Secretary			
Processed 10/24/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					