

|  |               |  |        |  |         |                  |  |
|--|---------------|--|--------|--|---------|------------------|--|
| No. <b>W 120481</b>  |               | <b>Due no later than Jan 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAGIC VALLEY ELECTRIC, LLC<br>WILLIAM SALTS<br>395 RAILWAY STREET<br>JEROME ID 83338 |        | WILLIAM SALTS<br>395 RAILWAY STREET<br>JEROME ID 83338 |         |                  |  |
|  |               |  |        | 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      |  |
| MANAGER  | WILLIAM SALTS | 395 RAILWAY STREET   | JEROME | ID   | USA     | 83338            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |        |  |         |                  |  |
| <b>ID<br/>W 120481</b>   |               | Signature: William Salts   |        |  |         | Date: 01/09/2018 |  |
|  |               | Name (type or print): William Salts  |        |  |         | Title: Manager   |  |
| Processed 01/09/2018   |               | * Electronically provided signatures are accepted as original signatures.  |        |  |         |                  |  |