No. **W 44540**	**Due no later than Nov 30, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** MAGIC MOUNTAIN RESORT LEASE, LLC TERRY MILLER 1332 JULIE LANE TWIN FALLS ID 83301	GARY MILLER 319 ORCHARD DR TWIN FALLS ID 83301 3. New 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	TERRY MILLER	1332 JULIE LN	TWIN FALLS	ID	USA	83301
MEMBER	GARY MILLER	319 ORCHARD DR	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 44540**	Signature: Gary Miller	Date: 11/19/2008
	Name (type or print): Gary Miller	Title: Owner

Processed 11/19/2008

* Electronically provided signatures are accepted as original signatures.