

No. C 205743		Due no later than Apr 30, 2016 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		1. Mailing Address: Correct in this box if needed. MAGIC VALLEY REPERTORY THEATRE, INC. 146 MAIN AVE N TWIN FALLS ID 83301		UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JARED MICHAEL JOHNSON	146 MAIN AVE N	TWIN FALLS	ID	83301		
DIRECTOR	EMILY K JOHNSON	146 MAIN AVE N	TWIN FALLS	ID	83301		
DIRECTOR	LAWRENCE C JOHNSON	146 MAIN AVE N	TWIN FALLS	ID	83301		
5. Organized Under the Laws of: ID C 205743		6. Annual Report must be signed.* Signature: Stephanie Johnson Name (type or print): Stephanie Johnson					
		Date: 03/01/2016 Title: Secretary					
Processed 03/01/2016		* Electronically provided signatures are accepted as original signatures.					