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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|---------------------|
| No. <b>C 205743</b>                                                                                                                                    |                       | <b>Due no later than Apr 30, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>MAGIC VALLEY REPERTORY THEATRE, INC.<br>146 MAIN AVE N<br>TWIN FALLS ID 83301       |            | UNITED STATES CORPORATION AGEN<br>950 BANNOCK ST STE 1100<br>BOISE ID 83702 |                     |
|                                                                                                                                                        |                       |                                                                                                                                                      |            | 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:<br><br><b>ID<br/>C 205743</b>                                                                                          |                       | 6. Annual Report must be signed.*<br>Signature: Stephanie Johnson<br>Name (type or print): Stephanie Johnson<br>Date: 03/01/2016<br>Title: Secretary |            |                                                                             |                     |
| Processed 03/01/2016                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                            |            |                                                                             |                     |