| No. W 184808 | | Due no later than Jun 30, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|------------------------------------|------------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | PATRICIA C COINER | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MAGIC VALLEY TAX & BOOKKEEPING SERVICE, LLC PATRICIA C COINER 2706 9TH AVE EAST TWIN FALLS ID 83301 | | TWIN FALLS | 2706 9TH AVE EAST TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JOHN A MILT | | TENBERGER. | 1412 4TH AVE E | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Patricia Coiner | | Date: | Date: 04/25/2018 | | | |
| W 184808 | | Name (type or print): Patricia Coiner | | Title: General Manager | | | | |
| Processed 04/25/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |