

|  |                  |  |            |  |         |  |  |
|--|------------------|--|------------|--|---------|--|--|
| No. <b>C 91930</b>   |                  | <b>Due no later than Apr 30, 2014</b><br><b>Annual Report Form</b>   |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> )         |         |  |  |
| Return to:<br><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 PROFESSIONAL SERVICES, INC.<br>KENNETH D. HULSE<br>479 POLK ST STE E<br>TWIN FALLS ID 83301<br>USA |            | KENNETH D. HULSE<br>479 POLK ST STE E<br>TWIN FALLS ID 83301 |         |  |  |
|  |                  |  |            |  |         | 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                                |  |
| TREASURER  | PATRICIA J HULSE | 479 POLK ST  | TWIN FALLS | ID   | USA     | 83301                                      |  |
| PRESIDENT  | KENNETH D HULSE  | 479 POLK ST  | TWIN FALLS | ID   | USA     | 83301                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 91930</b>   |                  | 6. Annual Report must be signed.*<br><br>Signature: Patricia J Hulse<br>Name (type or print): Patricia J Hulse   |            |  |         |  |  |
|  |                  | Date: 02/25/2014<br>Title: Treasurer   |            |  |         |  |  |
| Processed 02/25/2014   |                  | * Electronically provided signatures are accepted as original signatures.  |            |  |         |  |  |