No. <b>W 124179</b>		Due no later than Apr 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	LORI COGAN 4086 N 3446 E KIMBERLY ID 83341  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAGIC VALLEY BACK OFFICE SERVICE, LLC LORI K COGAN 212 2ND AVE W STE 201 TWIN FALLS ID 83301					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	anies: 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 LORI K COG		GAN 4086 N 3446 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Lori K Cogan	Date: 02/22/2016				
W 124179		Name (type or print): Lori K Cogan	Title: Member				
Processed 02/22/2016 * Electronically provided signatures are accepted as original signatures.							