No. <b>W 124179</b>		Due no later than Apr 30, 2014	2. Re	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed  MAGIC VALLEY BACK OFFICE SERVICE, LLC LORI K COGAN 4086 N 3446 E KIMBERLY ID 83341	1 400 KIN	LORI COGAN 4086 N 3446 E KIMBERLY ID 83341  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4 Limited Liability Companies: Enter Nar		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 COC	GAN 4086 N 3446 E	KIME	BERLY	ID	USA	83341	
5. Organized Under the Laws of:  ID		6. Annual Report must be signed.* Signature: Lori K. Cogan		Date: 02/11/2014				
W 12417 Processed 02/11/2014	צ	Name (type or print): Lori K. Cogan Title: Member  * Electronically provided signatures are accepted as original signatures.						