

No. C 205743		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGIC VALLEY REPERTORY THEATRE, INC. PO BOX T TWIN FALLS ID 83328		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 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: ID C 205743		6. Annual Report must be signed.* Signature: Stephanie S Johnson Name (type or print): Stephanie S Johnson Date: 03/18/2018 Title: Manager			
Processed 03/18/2018		* Electronically provided signatures are accepted as original signatures.			