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|--|-----------------|--|-------------|--|---------|-------------|--|
| No. C 187391 | | Due no later than Jun 30, 2012 | | 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 | | 1. Mailing Address: Correct in this box if needed. OVATION THEATRE COMPANY LOIS MURPHY 177 GETTYSBURG LANE IDAHO FALLS ID 83404 | | LOIS MURPHY 177 GETTYSBURG LANE IDAHO FALLS ID 83404 | | | |
| | | | | 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 | ALANE MCLING | 2238 E BERGGREN LANE | IDAHO FALLS | ID | USA | 83401 | |
| DIRECTOR | ALANA BUTIKOFER | PO BOX 556 | RIGBY | ID | USA | 83442 | |
| DIRECTOR | MINDY BUTIKOFER | PO BOX 556 | RIGBY | ID | USA | 83442 | |
| DIRECTOR | NICKI THIEL | 6530 NORTH ALBERT LANE | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: ID C 187391 | | 6. Annual Report must be signed.* Signature: Lois Murphy Name (type or print): Lois Murphy Date: 05/02/2012 Title: Director | | | | | |
| Processed 05/02/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |