No. C 205743		Due no later than Apr 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Add MAGIC VALLEY R PO BOX T	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. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses of Pro	esident, Secretary, and Directors. Trea	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR JARED MICHAEL JOHNSON DIRECTOR EMILY K JOHNSON DIRECTOR LAWRENCE C JOHNSON		146 MAIN AVE N 146 MAIN AVE N 146 MAIN AVE N	TWIN FALLS TWIN FALLS TWIN FALLS	ID ID ID		83301 83301 83301	
5. Organized Under the Laws of: 6. Annual Report		nust be signed.*					
ID C 205743		Signature: Stephanie S Johnson Name (type or print): Stephanie S Johnson		Date: 03/12/2017 Title: Business Manager			
Processed 03/12/2017	* Electronically provided signatures are accepted as original signatures.						