No. **C 145248**	**Due no later than Aug 31, 2014**	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 SCHOOL OF PERFORMING ARTS INCORPORATED CONNIE S LANCASTER 1631 GRANDVIEW DR N TWIN FALLS ID 83301-2900 USA	KIM KOKX 1631 GRANDVIEW DR N TWIN FALLS ID 83301-2900 3. New 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	MIKE SMIT	1631 GRANDVIEW DR N	TWIN FALLS	ID	USA	83301-2900
DIRECTOR	CATHLEEN THOM	1631 GRANDVIEW DR N	TWIN FALLS	ID	USA	83301-2900
DIRECTOR	CAROL VISSER	1631 GRANDVIEW DR N	TWIN FALLS	ID	USA	83301-2900
DIRECTOR	SHANNON SWOBODA	1631 GRANDVIEW DR N	TWIN FALLS	ID	USA	83301-2900

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 145248**	Signature: Connie Lancaster	Date: 06/09/2014
	Name (type or print): Connie Lancaster	Title: Business Administrator

Processed 06/09/2014

* Electronically provided signatures are accepted as original signatures.