No. **C 129863**	**Due no later than Jul 31, 2017** **Annual Report Form**	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.** MAGIC VALLEY INSURANCE, INC. DAVID V WILCOX 195 RIVER VISTA PLACE 206 TWIN FALLS ID 83301	DAVID WILCOX 195 RIVER VISTA PLACE SUITE 206 TWIN FALLS ID 83301 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
SECRETARY	SHARLA WILCOX	195 RIVER VISTA PLACE SUITE 206	TWIN FALLS	ID	USA	83301
PRESIDENT	DAVID V. WILCOX	195 RIVER VISTA PLACE SUITE 206	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 129863**	Signature: David V. Wilcox	Date: 05/18/2017
	Name (type or print): David V. Wilcox	Title: President

Processed 05/18/2017

* Electronically provided signatures are accepted as original signatures.