







STATE OF IDAHO Office of the secretary of state, Phil McGrane REGISTERED AGENT/OFFICE CHANGE

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0005211905

Date Filed: 4/26/2023 12:36:52 PM

descriptions below) The name of the business entity is: The file number of this entity on the records of the Idaho Secretary of State is: The registered agent on record is: Registered Agent The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Standard (filing fee \$0) MAGIC VALLEY GEM CLUB 0000097984	, INC.
The file number of this entity on the records of the Idaho Secretary of State is: The registered agent on record is: Registered Agent The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox		, INC.
Secretary of State is: The registered agent on record is: Registered Agent The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	0000097984	,
Registered Agent The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox		
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The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Physical Address	
The name and street address of the new registered agent and office in Idaho is: Registered Agent I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	550 S MAIN ST KIMBERLY, ID 83341	
☑ I affirm that the registered agent appointed has consented to Entity Signature:	Mailing Address	
☑ I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox		
☑ I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Registered Agent	
I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Micheala L Cox	
I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Physical Address: 444 WASHINGTON ST N	
I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	TWIN FALLS, ID 83301	
I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	Mailing Address:	
■ I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	MICHEALA COX	
■ I affirm that the registered agent appointed has consented to Entity Signature: Micheala Cox	PO BOX 725	_
Entity Signature: Micheala Cox	TWIN FALLS, ID 83303-0725	j
Micheala Cox	serve as registered agent fo	or this entity.
Sign Here		04/26/2023
		Date
Job Title:		