

No. <b>C 81122</b>		Due no later than Apr 30, 2013 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CONSUMER CREDIT COUNSELING SERVICE OF MAGIC VALLEY, INC. DEBBIE DROWN P. O. BOX 45 TWIN FALLS ID 83303 USA		DARLA BROTT 800 FALLS AVE SUITE 11 TWIN FALLS ID 83301		
				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	SUE GRIMSMAN	519 TROTTER DRIVE	TWIN FALLS	ID	USA	83301
PRESIDENT	BRENT HYATT	2119 N TEMPLE DRIVE	TWIN FALLS	ID	USA	83301
SECRETARY	JENNIFER CLUFF	2713 SUNCREST CIRCLE	TWIN FALLS	ID	USA	83301
DIRECTOR	PHIL GROVER	235 ROBBINS	TWIN FALLS	ID	USA	83301
DIRECTOR	KEITH HUTCHINSON	104 LINCOLN	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 81122</b>		6. Annual Report must be signed.* Signature: Debbie Drown Name (type or print): Debbie Drown Date: 04/12/2013 Title: Executive Director				
Processed 04/12/2013		* Electronically provided signatures are accepted as original signatures.				