| No. **W 44533** | **Due no later than Nov 30, 2017** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>MAGIC MOUNTAIN, LLC<br>RIVERCREST CPAS<br>247 RIVER VISTA PLACE<br>101<br>TWIN FALLS ID 83301 | GARY MILLER<br>319 ORCHARD DR<br>TWIN FALLS ID 83301<br><br>3. New Registered Agent Signature:* |

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| MEMBER | TERRY MILLER | 876 FARRIS LANE | GLENNS FERRY | ID | | 83623 |
| MEMBER | GARY MILLER | 319 ORCHARD DR | TWIN FALLS | ID | | 83301 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 44533** | Signature: TIMI GENTRY | Date: 09/21/2017 |
| | Name (type or print): TIMI GENTRY | Title: BOOKKEEPER |

Processed 09/21/2017

* Electronically provided signatures are accepted as original signatures.