No. c 83883	Annual Report Form  Due No Later Than November 30.	2. Registered Agent	and Office N	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct  MAGIC VALLEY YOUTH SERVICES,  SYLVIA ANN BRADSHAW  PO BUX 1117	TOUS NOV	LS I	
* FIRST NOTICE *	TWIN FALLS ID 33303 111	7 10	<b>F</b>	83888
	Addresses of President, Secretary and Directors er Names and Addresses of D Managers or D Members	(check one)		
Office held Name President - Sylvia	Street or P.O. Address Ann Bradshaw 301 Gem Dr	<u>city</u> Kimberly	State	<u>Zip</u> 83341
Director - John :		Gooding	ID	
Director - Kerin	_	Hansen	±D	83334
	and Bradshaw 301 Gem Dr	Kimberly	$\mathfrak{x}\mathfrak{d}$	83341
Secretary - Kathy		Kimberly	TO	83341
NATURE OF BUSINES	6. I certify that this Annual Report has been knowledge true, correct and complete.  Signature	•		
SOCIAL SERVICES	Name (Typed or Sylvia Ann Bras			
ISSUED: 07-06-1	995		3968	