| No. C 60594  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                  | Due no later than Mar 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAGIC VALLEY ARTS COUNCIL, INC. CAROLYN WHITE 195 RIVER VISTA PL TWIN FALLS ID 83301-1158 USA |   | 2. Registered Ag            | 2. Registered Agent and Address (NO PO BOX)  PATRICIA A HANSEN  195 RIVER VISTA PLACE TWIN FALLS ID 83301  3. New Registered Agent Signature:* |         |             |  |
|--|------------------|--|---|-----------------------------|--|---------|-------------|--|
|  |                  |  |   | 195 RIVER VII<br>TWIN FALLS |  |         |             |  |
| 4. Corporations: Enter N   | ames and Busin   | ess Addresses of   | President, Secretary, and Directors. Treasu | rer (optional).             |  |         |             |  |
| Office Held  | Name             |  | Street or PO Address                        | City                        | State  | Country | Postal Code |  |
| TREASURER  | ER TERRY HALBERT |  | 1040 CASWELL AVE                            | TWIN FALLS                  | ID   | USA     | 83301       |  |
| VICE PRESIDENT NIKKI HALVE   |                  | RSON   | 2185 SETTLERS LANE                          | TWIN FALLS                  | ID   | USA     | 83301       |  |
| PRESIDENT LINDA BUTLE  |                  | ER   | 2764 PAINTBRUSH DRIVE                       | TWIN FALLS                  | ID   | USA     | 83301       |  |
| SECRETARY ALICE ANDERSON   |                  | RSON   | 466 ROSEWOOD DRIVE                          | TWIN FALLS                  | ID   | USA     | 83301       |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |   |                             |  |         |             |  |
| ID<br>C 60594  |                  | Signature: Angelle Snyder Date: 01/29/2014   |   |                             | /29/2014   |         |             |  |
|  |                  | Name (type o   |   | Title: Bookkeeper           |  |         |             |  |
| Processed 01/29/2014 * Electronically provided signatures are accepted as original signatures.   |                  |  |   |                             |  |         |             |  |