

No. W 87297	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		SARA ROSAS 560 FILER AVE STE F TWIN FALLS ID 83301-8330			
	MAGIC VALLEY CREDIT REPAIR, LLC 560 FILER AVE STE F TWIN FALLS ID 83301		3. <u>New</u> 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	SARAI ROSAS	560 FILER AVE SUITE F	TWIN FALLS	ID	USA	83301-8330
5. Organized Under the Laws of: ID W 87297		6. Annual Report must be signed.* Signature: Sarai Rosas Name (type or print): Sarai Rosas		Date: 07/26/2016 Title: MEMBER		
Processed 07/26/2016		* Electronically provided signatures are accepted as original signatures.				