No. <b>W 153043</b>		Due no later than Jun 30, 2016 2. Registered Agent and Address (NO PO BO				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAGIC VALLEY CRANIOFACIAL IMAGING, LLC 142 RIVER VISTA PL TWIN FALLS ID 83301	RACHAEL GAUSE 238 CLINTON DR TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
	ame	Street or PO Address	City	State	Country	Postal Code
MEMBER PA	UL P RON ISA SMITH	4RIELL 142 RIVER VISTA PL.	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301-3056 83301-3056
5. Organized Under the Laws of:  ID  W 153043		6. Annual Report must be signed.* Signature: Paul Romriell Name (type or print): Paul Romriell	Date: 05/23/2016 Title: Owner			
Processed 05/23/2016	* Electronically provided signatures are accepted as original signatures.					