

No. C 41347		Due no later than Aug 31, 2010		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. SUN VALLEY STAGES, INC. KAREN A KIRKEIDE P. O. BOX 936 TWIN FALLS ID 83303-0936		KAREN KIRKEIDE 119 SOUTH PARK AVENUE WEST TWIN FALLS ID 83301				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
PRESIDENT	KAREN A KIRKEIDE	119 SOUTH PARK AVENUE WEST	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID C 41347		Signature: Karen A Kirkeide				Date: 08/30/2010			
		Name (type or print): Karen A Kirkeide				Title: President			
Processed 08/30/2010		* Electronically provided signatures are accepted as original signatures.							