No. C 84559		Due no later than Aug 31, 2015 2. Registered Agent and Address (NO PO BOX)					
Return to:		Annual Report Form	J ROBERT AI	J ROBERT ALEXANDER			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		126 SECOND AVENUE N. TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J ROBERT PO BOX 366	MAGIC VALLEY FELLOWSHIP HALL INC. J ROBERT ALEXANDER PO BOX 366 TWIN FALLS ID 83303-0366					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and E	usiness Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	AL HOHN	801 ALBION ST. N.	TWIN FALLS	ID	USA	83301	
	SHADDY	2203 MAYBERRY LANE	FILER	ID	USA	83328	
TREASURER CHRYST	AL HOHN	801 ALBION ST. N.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*					
		. Robert Alexander Date: 06/22/2015					
		Name (type or print): J. Robert Alexander		Title: Attorney - Registered Agent			
Processed 06/22/2015	* Electronically	* Electronically provided signatures are accepted as original signatures.					