No. C 199863 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 Oct 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGIC VALLEY CHILDREN'S MUSEUM CORPORATION (THE) K CHERI WIGGINS 211 9TH AVE N TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) K CHERI WIGGINS 211 9TH AVE N TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
				211 9TH AVE TWIN FALLS				
2001	ter Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	irer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR JUDY K BAXTER DIRECTOR STEVEN K PITTS		3677 N 2600 E 980 CARRIAGE LANE N	TWIN FALLS TWIN FALLS	ID ID		83301 83301		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: K Cheri Wiggins		Date	Date: 10/26/2015			
C 199863		Name (type or print): K Cheri Wiggins		Title:	Title: Registered Agent			
Processed 10/26/20	15	* Electronically pro	ovided signatures are accepted as original	signatures.				