

No. W 11711		Due no later than Apr 30, 2007		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGAW DISTRIBUTING, LLC TOM MAGAW 4146 CREEKVIEW DR TWIN FALLS ID 83301		THOMAS J MAGAW 1725 TARGHEE 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
MANAGER	THOMAS J MAGAW	4146 CREEKVIEW DR.	TWIN FALLS	ID	83301
5. Organized Under the Laws of: IDAHO W 11711		6. Annual Report must be signed.* Signature: Tom Magaw Name (type or print): Tom Magaw Date: 05/14/2007 Title: Owner			
Processed 05/14/2007		* Electronically provided signatures are accepted as original signatures.			