

|  |                       |   |  |  |             |                |                      |
|--|-----------------------|---|--|--|-------------|----------------|----------------------|
| No. <b>W 75880</b>   |                       | <b>Due no later than Jul 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )         |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAGOOSE, LLC<br>MAGOSSE C/O LYNN MCDONALD<br>PO BOX 654<br>NEW MEADOWS ID 83654                                |  | LYNN MCDONALD<br>3805 SHADOW PINE CR<br>NEW MEADOWS ID 83654 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |   |  | 3. <u>New</u> Registered Agent Signature:*                   |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                       |   |  |  |             |                |                      |
| Office Held<br>MEMBER  | Name<br>LYNN MCDONALD | Street or PO Address<br>P.O. 654  |  | City<br>NEW MEADOWS  | State<br>ID | Country<br>USA | Postal Code<br>83654 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 75880</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: MaGoose LLC By Lynn McDonald<br>Name (type or print): MaGoose LLC By Lynn McDonald<br><br>Date: 07/14/2017<br>Title: Member |  |  |             |                |                      |
| Processed 07/14/2017 * Electronically provided signatures are accepted as original signatures.     |                       |   |  |  |             |                |                      |