

|                                                                                                                                                        |                   |                                                                                                                                                                                |           |                                                         |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------------------|
| No. <b>W 104426</b>                                                                                                                                    |                   | <b>Due no later than Jun 30, 2016</b>                                                                                                                                          |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAGEE ENTERPRISES, LLC.<br>AARON K MAGEE<br>PO BOX 418<br>BLANCHARD ID 83804 |           | AARON K MAGEE<br>26204 HIGHWAY 41<br>BLANCHARD ID 83804 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                |           | 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                                                                                                                                                | AARON KEITH MAGEE | (359 SPIRIT VALLEY LANE                                                                                                                                                        | BLANCHARD | ID                                                      | USA 83804-0326      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 104426</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Aaron Magee<br>Name (type or print): Aaron Magee<br>Date: 07/25/2016<br>Title: Member                                          |           |                                                         |                     |
| Processed 07/25/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                      |           |                                                         |                     |