

No. W 46608

Due no later than January 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

SWENSENS MAGIC MARKETS, LLC
BENJAMIN SWENSEN
PO BOX 442
TWIN FALLS, ID 83303

2. Registered Agent and Office NO PO BOX

BENJAMIN SWENSEN
409 SHOSHONE ST S STE 11
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Ben Swenson	115 Addison Ave.	Twin Falls	ID	83301
	Andrew Swenson	991 Washington St. S.	Twin Falls	ID	83301

5. Organized Under the Laws of:

IDAHO
W 46608

6.

Signature

Name
(Type or
Printed)

Andrew Swenson

Date 1-28-2008

Title Partner

Issued 11/01/2007

Do Not Tape or Staple

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