

|                                                                                                                                                        |                   |                                                                                                                                                       |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 3607</b>                                                                                                                                      |                   | <b>Due no later than Feb 28, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>DIVE MAGIC, L.L.C.<br>MIKE BRANCHFLOWER<br>2636 S VISTA AVE<br>BOISE ID 83705<br>USA |       | MIKE BRANCH FLOWER<br>2636 S VISTA AVE<br>BOISE 83705 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                       |       | 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 |  |
| MEMBER                                                                                                                                                 | MIKE BRANCHFLOWER | 2636 S VISTA AVE                                                                                                                                      | BOISE | ID                                                    | USA     | 83705       |  |
| MEMBER                                                                                                                                                 | JENNIFER DENNIS   | 2404 S ORCHARD AVE                                                                                                                                    | BOISE | ID                                                    | USA     | 83705       |  |
| MEMBER                                                                                                                                                 | MARY BRANCHFLOWER | 2404 S ORCHARD                                                                                                                                        | BOISE | ID                                                    | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 3607</b>                                                                                            |                   | 6. Annual Report must be signed.*<br>Signature: Jenny Dennis<br>Name (type or print): Jenny Dennis<br>Date: 12/17/2014<br>Title: Member               |       |                                                       |         |             |  |
| Processed 12/17/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                             |       |                                                       |         |             |  |