| No. W 11711 | | Due no later than Apr 30, 2008 | | 2. Register | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|--|------------------------------------|------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | THOMAS | THOMAS J MAGAW | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MAGAW DISTRIBUTING, LLC TOM MAGAW 5461 US HWY 93 JEROME ID 83338 | | TWIN FA | 1725 TARGHEE TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes 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 | 5461 US HWY 93 | JEROME | ID | USA | 83338 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 11711 | | Signature: Thon | | Date: 05/08/2008 | | | | |
| | | Name (type or p | | Title: Owner | | | | |
| Processed 05/08/2008 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |