

No. W 3607	Due no later than Feb 28, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DIVE MAGIC, L.L.C. MIKE BRANCHFLOWER 236 MAIN AVE N TWIN FALLS ID 83301		MIKE BRANCH FLOWER 236 MAIN AVE N TWIN FALLS ID 83301			
			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	236 MAIN AVE N	TWIN FALLS	ID	USA	83301
MEMBER	MARY BRANCHFLOWER	236 MAIN AVE N	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 3607	6. Annual Report must be signed.* Signature: Mike Branchflower Name (type or print): Mike Branchflower		Date: 01/07/2010 Title: Owner			
Processed 01/07/2010		* Electronically provided signatures are accepted as original signatures.				