No. <b>C 118783</b>		Due no later than Mar 31, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		000 1/511/01/10	CALVIN R LAMBORN 983 KENYON RD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAGIC SEED, INC. CALVIN R. LAMBORN 983 KENYON RD TWIN FALLS ID 83301		TWIN FALLS II	TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DANIEL R LAMBORN		8566 SW RAVINE DR	BEAVERTON	OR	USA	97007	
DIRECTOR	RUTH L ROBERTSON		12377 LONGHORN DR.	ARLINGTON	TN	USA	38002	
DIRECTOR	RODNEY D. LAMBORN		40 CLINTON STREET #5C	NEW YORK CITY	NY	USA	10002	
DIRECTOR	MELANIE L BROWN		1103 EAST MAGNOLIA	AUBURN	AL	USA	36830	
DIRECTOR	RAE JEANNE L MCCUTCHEON		9756 DANTE	SANDY	UT	USA	84092	
SECRETARY	BONNIE D L	AMBORN	983 KENYON ROAD	TWIN FALLS	ID	USA	83301	
PRESIDENT	CALVIN R L	AMBORN	983 KENYON ROAD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Calvin		Date: 03/15/2010				
C 118783		Name (type or pri		Title: President				
Processed 03/15/2010 * Electronically provided signatures are accepted as original signatures.								