

No. W 114195	Due no later than May 31, 2013 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. MAGIC 5, LLC C/O TIMOTHY OBENCHAIN 4140 HIDDEN LAKES DR KIMBERLY ID 83341		TIMOTHY OBENCHAIN 4140 HIDDEN LAKES DR KIMBERLY ID 83341			
			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	TIM OBENCHAIN	4140 HIDDEN LAKES DR.	KIMBERLY	ID	USA	83341
5. Organized Under the Laws of: ID W 114195	6. Annual Report must be signed.* Signature: Tim Obenchain Name (type or print): Tim Obenchain		Date: 06/03/2013 Title: Member			
Processed 06/03/2013		* Electronically provided signatures are accepted as original signatures.				