| No. <b>W 133754</b> Return to:   |                | Due no later than Jan 31, 2016 Annual Report Form   |                                      |      | Registered Agent and Address (NO PO BOX)     THOMAS KRASOWSKI    |       |         |             |  |
|--|----------------|---|--------------------------------------|------|--|-------|---------|-------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080               |                | 1. Mailing Address: Correct in this box if needed.  MIDNIGHT MAGIC LLC THOMAS S KRASOWSKI PO BOX 231 NOTUS ID 83656 |                                      | N N  | 510 NOTUS RD NOTUS ID 83656  3. New Registered Agent Signature:* |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                |   |                                      |      |  |       |         |             |  |
| 4. Limited Liability Compar  | nies: Enter Na | mes and Addresses   | s of at least one Member or Manager. |      |  |       |         |             |  |
| Office Held  | Name           |   | Street or PO Address                 | City | y  | State | Country | Postal Code |  |
| MANAGER  | TREYSON T      | KRASOWSKI   | PO BOX 231 PO BOX 231                | NO   | TUS  | ID    | USA     | 83656       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*   |                                      |      |  |       |         |             |  |
| ID   |                | Signature: Thomas Krasowski   |                                      |      | Date: 11/16/2015   |       |         |             |  |
| W 133754   |                | Name (type or print): Thomas Krasowski  |                                      |      | Title: Agent   |       |         |             |  |
| Processed 11/16/2015 * Electronically provided signatures are accepted as original signatures. |                |   |                                      |      |  |       |         |             |  |