No. <b>W 11711</b>		Due no later than Apr 30, 2013		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MAGAW DISTRIBUTING, LLC TOM MAGAW 5461 US HWY 93 JEROME ID 83338			THOMAS J MAGAW 5461 US HWY 93 JEROME ID 83338  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of a	t least one Member or Manager					
Office Held	Name	Thes and Addresses of a	Street or PO Address		City	State	Country	Postal Code
MANAGER	THOMAS J	MAGAW	4146 CREEKVIEW DR.		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  ID  W 11711		6. Annual Report must be signed.* Signature: Tom Magaw Name (type or print): Tom Magaw			Date: 02/15/2013 Title: Owner			
Processed 02/15/2013			cally provided signatures are accepted as original signatures.					