

No. <b>W 46608</b>		<b>Due no later than Jan 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BENJAMIN SWENSEN 409 SHOSHONE ST S STE 11 TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b>  SWENSENS MAGIC MARKETS, LLC BENJAMIN SWENSEN PO BOX 442 TWIN FALLS ID 83303		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	
MANAGER	BENJAMIN SWENSEN	PO BOX 442	TWIN FALLS	ID	USA	83303	
MANAGER	ANDREW SWENSEN	PO BOX 442	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 46608</b>		Signature: Donald Anderson			Date: 02/08/2011		
		Name (type or print): Donald Anderson			Title: Controller		
Processed 02/08/2011		* Electronically provided signatures are accepted as original signatures.					