

|  |                           |  |  |  |             |                |                      |
|--|---------------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 113628</b>  |                           | <b>Due no later than May 31, 2015</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                           | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MAGIC BUS L.L.C. (THE)<br>FRAUN V. PETERSEN<br>691 N 700 E<br>FIRTH ID 83236<br>USA     |  | FRAUN V PETERSEN<br>691 N 700 E<br>FIRTH 83236       |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                           |  |  | 3. <u>New</u> Registered Agent Signature:*           |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                           |  |  |  |             |                |                      |
| Office Held<br>MANAGER   | Name<br>FRAUN V. PETERSEN | Street or PO Address<br>691N 700E  |  | City<br>FIRTH  | State<br>ID | Country<br>USA | Postal Code<br>83236 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 113628</b>                                |                           | 6. Annual Report must be signed.*<br><br>Signature: Fraun V. Petersen<br>Name (type or print): Fraun V. Petersen<br><br>Date: 03/22/2015<br>Title: owner |  |  |             |                |                      |
| Processed 03/22/2015 * Electronically provided signatures are accepted as original signatures.     |                           |  |  |  |             |                |                      |