No. W 46608		Di	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			BENJAMIN SWENSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SWENSENS MAGIC MARKETS, LLC BENJAMIN SWENSEN 991 WASHINGTON STREET SOUTH TWIN FALLS ID 83301		TWIN FALLS	991 WASHINGTON STREET SOUTH TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BENJAMIN SWENSEN MANAGER ANDREW SWENSEN		991 WASHINGTON STREET SOUTH 991 WASHINGTON STREET SOUTH		ID ID		83301 83301		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 46608		Signature: Ar		Date: 12/19/2017				
		Name (type o		Title: Owner				
Processed 12/19/2017 * Electronically provided signatures are accepted as original signatures.								