No. <b>C 118783</b>		Due no later than Mar 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CALVIN R LAMBORN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAGIC SEED, INC. CALVIN R. LAMBORN 983 KENYON RD TWIN FALLS ID 83301		TWIN FALLS II	983 KENYON RD TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DANIEL R L	AMBORN	6618 SIGNAL ROCK DRIVE	BOISE	ID	USA	83716	
DIRECTOR	RUTH L ROBERTSON		12377 LONGHORN DR.	ARLINGTON	TN	USA	38002	
DIRECTOR	RODNEY D.	LAMBORN	151 1ST AVE. #259	NEW YORK CITY	NY	USA	10003	
DIRECTOR	MELANIE L BROWN		1103 EAST MAGNOLIA	AUBURN	AL	USA	36830	
DIRECTOR	RAE JEANNE	L MCCUTCHEON	9756 DANTE	SANDY	UT	USA	84092	
SECRETARY	BONNIE D L	AMBORN	983 KENYON ROAD	TWIN FALLS	ID	USA	83301	
PRESIDENT	CALVIN R L	AMBORN	983 KENYON ROAD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 118783		Signature: Calvin R. Lamborn			Date: 03/16/2017			
		Name (type or print): Calvin R. Lamborn			Title: President			
Processed 03/16/2017		* Electronically provide	ed signatures are accepted as original	l signatures.				