No. C 118783		Due no later than Mar 31, 2015		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		983 KENYON RD TWIN FALLS 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	mes and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DANIEL R LAMBORN		8566 SW RAVINE DR	BEAVERTON	OR	USA	97007
DIRECTOR	RUTH L ROBERTSON		12377 LONGHORN DR.	ARLINGTON	TN	USA	38002
DIRECTOR	RODNEY D. LAMBORN		97 1/2 EAST 7TH STREET APT. #6	NEW YORK CITY	NY	USA	10009
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 LAMBORN		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					
ID C 118783		Signature: Calvin R.	Date: 02/02/2015				
		Name (type or print		Title: President			
Processed 02/02/2015 * Electronically provided signatures are accepted as original signatures.							