| No. W 139623 | | Due no later than Jul 31, 2017 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|--|------------------------------|---|---|-------|----------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGIC MAN, LLC BRADFORD HATCHER 10794 SENECA DR BOISE ID 83709 | | _ | BRADFORD HATCHER 10794 SENECA DR BOISE ID 83709-8370 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 200 20 2 | | mes and Addresses of at | least one Member or Manager. | | C:L | Chaha | Carreton | Deetel Cede |
| | Name | A/E// TALLIA TOLIED | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | BRADFORD | WEYLIN HATCHER | 10794 SENECA DR | | BOISE | ID | USA | 83709 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Bradford Hatcher | | | Date: 06/13/2017 | | | |
| W 139623 | | Name (type or print): Bradford Hatcher | | | Title: Manager | | | |
| Processed 06/13/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |