

No. W 37716		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGNUSON HAWAII, L.L.C. DENNIS O'BRIEN PO BOX 469 WALLACE ID 83873 USA		DENNIS OBRIEN 413 CEDAR ST WALLACE ID 83873	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	H F MAGNUSON	PO BOX 469	WALLACE	ID	USA 83873
5. Organized Under the Laws of: ID W 37716		6. Annual Report must be signed.* Signature: H. James Magnuson Name (type or print): H. James Magnuson Date: 01/18/2010 Title: Manager			
Processed 01/18/2010		* Electronically provided signatures are accepted as original signatures.			