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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------|---------|----------------------------------|--|
| No. <b>L 207</b>                                                                                                                                       |                     | <b>Due no later than Dec 31, 2016</b>                                                                                                                |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |         |                                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b>                                                                                                                            |         | H JAMES MAGNUSON<br>1250 NORTHWOOD CENTER CT STE A<br>COEUR D ALENE ID 83814 |         |                                  |  |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>MAGNUSON LIMITED PARTNERSHIP<br>H. JAMES MAGNUSON<br>BOX 2288<br>COEUR D ALENE ID 83816 |         | 3. <u>New</u> Registered Agent Signature:*                                   |         |                                  |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                 | City    | State                                                                        | Country | Postal Code                      |  |
| GENERAL PARTNER                                                                                                                                        | MAGNUSON WASHINGTON | PO BOX 469                                                                                                                                           | WALLACE | ID                                                                           | USA     | 83873                            |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>L 207</b>                                                                                                 |                     | 6. Annual Report must be signed.*<br>Signature: H. James Magnuson<br>Name (type or print): H. James Magnuson                                         |         |                                                                              |         | Date: 11/08/2016<br>Title: Agent |  |
| Processed 11/08/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                            |         |                                                                              |         |                                  |  |