

No. W 7744		Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEWISTON CENTER L.L.C. H. JAMES MAGNUSON PO BOX 2288 COEUR D'ALENE ID 83816		H. JAMES MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE 83814		
NO FILING FEE IF RECEIVED BY DUE DATE				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	MAGNUSON PROPERTIES PARTNERSHI	PO BOX 469	WALLACE	ID	83873	
5. Organized Under the Laws of: ID W 7744		6. Annual Report must be signed.* Signature: H. James Magnuson Name (type or print): H. James Magnuson Date: 12/16/2014 Title: Agent				
Processed 12/16/2014		* Electronically provided signatures are accepted as original signatures.				