

No. W 7744		Due no later than Jan 31, 2017		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 NO FILING FEE IF RECEIVED BY DUE DATE		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 ID 83814			
				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 PARTNERSHP	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: 01/12/2017 Title: Agent			
Processed 01/12/2017		* Electronically provided signatures are accepted as original signatures.					