No. **W 10420**	**Due no later than Dec 31, 2011** **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.** MAGNUSON LEWISTON CENTER, L.L.C. H JAMES MAGNUSON PO BOX 2288 COEUR D'ALENE ID 83816	H JAMES MAGNUSON 1250 NORTHWOOD CENTER CT COEUR D'ALENE ID 83814 3. New 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 JAMES MAGNUSON	PO BOX 2288	COEUR D'ALENE	ID	USA	83816

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 10420**	Signature: H. James Magnuson	Date: 11/28/2011
	Name (type or print): H. James Magnuson	Title: Manager

Processed 11/28/2011

* Electronically provided signatures are accepted as original signatures.