

No. W 10420		Due no later than Dec 31, 2014		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 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	
				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 JAMES MAGNUSON	PO BOX 2288	COEUR D'ALENE	ID	83814
5. Organized Under the Laws of: ID W 10420		6. Annual Report must be signed.* Signature: H. James Magnuson Name (type or print): H. James Magnuson Date: 10/23/2014 Title: Agent			
Processed 10/23/2014		* Electronically provided signatures are accepted as original signatures.			