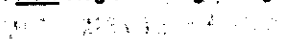
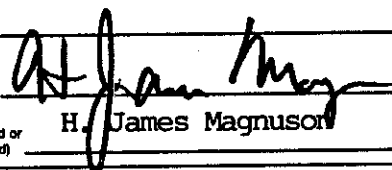


No. W 10420	Due no later than December 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MAGNUSON LEWISTON CENTER, L.L.C. H JAMES MAGNUSON PO BOX 2288 COEUR D'ALENE, ID 83814		JAMES MAGNUSON 250 NORTHWOOD CENTER CT COEUR D'ALENE, ID 83814												
			3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>H. James Magnuson</td> <td>P. O. Box 2288,</td> <td>Coeur d'Alene,</td> <td>ID</td> <td>83816</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	H. James Magnuson	P. O. Box 2288,	Coeur d'Alene,	ID	83816
Office held	Name	Street or P.O. Address	City	State	Zip										
Manager	H. James Magnuson	P. O. Box 2288,	Coeur d'Alene,	ID	83816										
5. Organized Under the Laws of: IDAHO W 10420	6. Signature  Name (Typed or Printed) H. James Magnuson			Date 11-11-08 Title Manager											

Issued 10/01/2008

Do Not Tape or Staple

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