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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------|---------------------|
| No. <b>W 27397</b>                                                                                                                                     |                  | <b>Due no later than Dec 31, 2014</b>                                                                                                                                                 |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>                     |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>MAGNUSON MICA BAY, L.L.C.<br>H JAMES MAGNUSON<br>P O BOX 2288<br>COEUR D ALENE ID 83816 |               | H JAMES MAGNUSON<br>1250 NORTHWOOD CTR CT STE A<br>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 | P O BOX 2288                                                                                                                                                                          | COEUR D'ALENE | ID                                                                     | 83816               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 27397</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: H. James Magnuson<br>Name (type or print): H. James Magnuson<br>Date: 12/16/2014<br>Title: Manager                                    |               |                                                                        |                     |
| Processed 12/16/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                             |               |                                                                        |                     |