

No. W 10420	Due no later than December 31, 2007 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		H JAMES MAGNUSON 1250 NORTHWOOD CENTER CT COEUR D'ALENE, ID 83814		
	MAGNUSON LEWISTON CENTER, L.L.C. H JAMES MAGNUSON PO BOX 2288 COEUR D'ALENE, ID 83814		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Managers.					
<u>Office held</u> Manager	<u>Name</u> H. James Magnuson	<u>Street or P.O. Address</u> Box 2288	<u>City</u> CDA	<u>State</u> ID	<u>Zip</u> 83816
5. Organized Under the Laws of: IDAHO W 10420		6. Signature <u>H. James Magnuson</u> Date <u>10-16-07</u> Name (Typed or Printed) <u>H. James Magnuson</u> Title <u>Manager</u>			

Issued 10/01/2007

Do Not Tape or Staple

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