

No. <b>W 10420</b>		Due no later than Dec 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MAGNUSON LEWISTON CENTER, L.L.C. H JAMES MAGNUSON PO BOX 2288 COEUR D'ALENE ID 83814		H JAMES MAGNUSON 1250 NORTHWOOD CENTER CT COEUR D'ALENE ID 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	USA 83814
5. Organized Under the Laws of:  <b>ID W 10420</b>		6. Annual Report must be signed.* Signature: H. James Magnuson Name (type or print): H. James Magnuson Date: 11/09/2009 Title: Manager			
Processed 11/09/2009		* Electronically provided signatures are accepted as original signatures.			