

No. C 60377		Due no later than Feb 28, 2015		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. H.F. MAGNUSON FAMILY FOUNDATION, INC. KATHLEEN J MAGNUSON PO BOX 469 WALLACE ID 83873		DENNIS OBRIEN 413 CEDAR ST WALLACE 83873		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	KATHLEEN J MAGNUSON	PO BOX BOX 469	WALLACE	ID	USA	83873
PRESIDENT	KATHLEEN J MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873
SECRETARY	DENNIS O'BRIEN	PO BOX 146	WALLACE	ID	USA	83873
DIRECTOR	COLLEEN B MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873
DIRECTOR	H JAMES MAGNUSON	PO BOX 2288	COEUR D'ALENE	ID	USA	83816
DIRECTOR	JOHN F MAGNUSON	PO BOX 2350	COEUR D'ALENE	ID	USA	83816
DIRECTOR	THOMAS R MAGNUSON	2810 E OXBOW	COLBERT	WA	USA	99005
5. Organized Under the Laws of: ID C 60377		6. Annual Report must be signed.* Signature: Dennis O'Brien Name (type or print): Dennis O'Brien Date: 12/22/2014 Title: Secretary				
Processed 12/22/2014		* Electronically provided signatures are accepted as original signatures.				