| Annual Report Form  1. Mailing Address - Correct in this box, if applicable  LEGANT REQUEST, LLC  226 W-OSPREY MEADOWS DR | SHERRI KNUFF<br>9226 W OSPREY MEADOWS DR<br>BOISE, ID 83703     |
|---|---|
| LEGANT REQUEST, LLC   |   |
|   | 1 BOISE, ID 83703   |
| and M. Acheevister Power TR   |   |
|   |   |
| IOISE, ID 83703   | - Ci  |
|   | 3. New Registered Agent Signature                               |
|   |   |
|   |   |
| : Enter Names and Addresses of Members.   |   |
| Street or P.O. Address  | City State Zip  |
|   |   |
| 2007 EU - D. M  | esida ID 83642  |
| LOIIE MERO UN MIC   | eridan ID 83642   |
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| 6.  | 11/20/20  |
| D ~~  | Date 11/25/09   |
| Signature By  |   |
| Signature Boll 1  | Date 11/25/59 Title DWNer                                       |
| Signature By  |   |
|   | : Enter Names and Addresses of Members.  Street or P.O. Address |

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