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|--|---------------|--|-------------|--|---------|-------------|
| No. C 161832 | | Due no later than Aug 31, 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 | | 1. Mailing Address: Correct in this box if needed. LEGENDS ENTERPRISES, INC. JEFFREY A COX 4415 LEESBURG CIR IDAHO FALLS ID 83404 | | JEFFREY ALLAN COX 4415 LEESBURG CIR IDAHO FALLS ID 83404 | | |
| | | | | 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 |
| TREASURER | JEFFREY A COX | 4415 LEESBURG CIRCLE | IDAHO FALLS | ID | USA | 83404 |
| SECRETARY | SHLENE COX | 4415 LEESBURG CIRCLE | IDAHO FALLS | ID | USA | 83404 |
| DIRECTOR | SHLENE COX | 4415 LEESBURG CIRCLE | IDAHO FALLS | ID | USA | 83404 |
| PRESIDENT | JEFFREY A COX | 4415 LEESBURG CIRCLE | IDAHO FALLS | ID | USA | 83404 |
| 5. Organized Under the Laws of: ID C 161832 | | 6. Annual Report must be signed.* Signature: JEFFREY COX Name (type or print): JEFFREY COX Date: 07/02/2015 Title: PRESIDENT | | | | |
| Processed 07/02/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |