| No. W 1632   | Due no later than October 31, 2007   |   | 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 | Annual Report Form 1. Mailing Address - Correct in this box WESTERN LEGENDS LC W F LEHMAN PO BOX 764 KETCHUM, ID 83340 | c. if applicable                        | W F LEHMAN 106 CANNON DR KETCHUM, ID 83340  3. New Registered Agent Signature |              |                    |
| RECEIVED BY DUE DATE  Limited Liability Compar   | ies: Enter Names and Addresses of  | Managers.                               |   |              | _                  |
| Office held Name   | Street or P.O. Address   | City                                    | ,   | State        | ZID                |
| CO-MGR WILLIAM   | F. PO BOX 764  | KETCHW                                  | ч   | D            | 83340              |
|  | ELJ. 11E 600 SOUTH   | VICTOR                                  |   | ם            | & <del>345</del> 5 |
| 5. Organized Under the Laws of:  | 6. 11AD  | 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · · · · · · · · · · · · · · · · · ·   | - 10-        | -5-07              |
| IDAHO  | Signature UTTO   |   |   | Date 10-5-07 |                    |
| W 1632   | Name (Typed or W.F.L   | Name Printed W.F. LEHMAN                |   |              |                    |
| Issued 08/02/2007  | Do Not Tape or   | Staple                                  |   | 20071        | 0004526            |