No. **W 1632**	**Due no later than Oct 31, 2014** **Annual Report Form**	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.** WESTERN LEGENDS LC W F LEHMAN PO BOX 764 KETCHUM ID 83340	W F LEHMAN 106 CANYON DR KETCHUM 83340 3. New 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	M J MCCARTHY	18199 US HWY 30	HAGERMAN	ID		83332
MANAGER	WILLIAM F LEHMAN	106 CANYON DRIVE PO BOX 764	KETCHUM	ID	USA	83340

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 1632**	Signature: William Lehman	Date: 10/28/2014
	Name (type or print): William Lehman	Title: Manager

Processed 10/28/2014

* Electronically provided signatures are accepted as original signatures.