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| No. W 153894 | Due no later than Jul 31, 2016 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. | | JACQUELINE (JACKIE) LIVINGSTON 3169 S ALEXANNA LANE POST FALLS ID 83854-8385 | | | |
| | DITEMAN FAMILY LEGACY LLC JACKIE LIVINGSTON 3169 S ALEXANNA LANE POST FALLS ID 83854 USA | | 3. <u>New</u> 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 | JACQUELINE EDELL LIVINGSTON | 3169 S ALEXANNA LANE | POST FALLS | ID | USA | 83854-8385 |
| 5. Organized Under the Laws of: ID W 153894 | | 6. Annual Report must be signed.* Signature: Jacqueline Livingston Name (type or print): Jacqueline Livingston | | Date: 08/09/2016 Title: Managing Member | | |
| Processed 08/09/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |