No. W 146961		Due no later than Jan 31, 2017	2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LESLIE ALLEN BAXTER 300 SHOUP ST SALMON ID 83467 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if need LEGACY HOME FURNISHINGS, LLC LES BAXTER 300 SHOUP STREET SALMON ID 83467					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER LES A BAXT		TER 300 SHOUP STREET		SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Les Baxter	s Baxter Date: 12/01/2016				
W 146961		Name (type or print): Les Baxter		Title: Manager			
Processed 12/01/2016 * Electronically provided signatures are accepted as original signatures.							