No. **W 54545**	**Due no later than Sep 30, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** LEGACY FALLS, LLC PO BOX 1604 IDAHO FALLS ID 83403	MATT MORGAN 5145 S HEYREND DR IDAHO FALLS ID 83402 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
MEMBER	MATT MORGAN	PO BOX 1604	IDAHO FALLS	ID		83403
MEMBER	LARRY GLAVINIC	PO BOX 2088	VALLEY CENTER	CA		92082

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 54545**	Signature: Matt Morgan	Date: 08/05/2016
	Name (type or print): Matt Morgan	Title: Member

Processed 08/05/2016

* Electronically provided signatures are accepted as original signatures.