

No. W 90696		Due no later than Feb 28, 2013		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		STACEY L LUCICH 1216 FILER AVE EAST TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. LEGACY ASSURANCE GROUP, LLC STACEY L LUCICH 1216 FILER AVE EAST TWIN FALLS ID 83301 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	STACEY L LUCICH	1216 FILER AVE EAST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 90696		6. Annual Report must be signed.* Signature: Stacey L. Lucich Name (type or print): Stacey L. Lucich					
Date: 12/20/2012 Title: Manager							
Processed 12/20/2012		* Electronically provided signatures are accepted as original signatures.					