

|                                                                                                                                                        |               |                                                                                                                                                                     |                |                                                                 |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 21344</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2015</b>                                                                                                                               |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LEGGACY ENTERPRISES, LLC<br>ROBERT S LEGG<br>6727 N DAVENPORT ST<br>DALTON GARDENS ID 83815<br>USA |                | ROBERT S LEGG<br>6727 N DAVENPORT ST<br>DALTON GARDENS ID 83815 |         |                  |  |
|                                                                                                                                                        |               |                                                                                                                                                                     |                | 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                                                                                                                                                | ROBERT S LEGG | 6727 N. DAVENPORT ST.                                                                                                                                               | DALTON GARDENS | ID                                                              |         | 83815            |  |
| MANAGER                                                                                                                                                | PAMELA B LEGG | 6727 N. DAVENPORT ST.                                                                                                                                               | DALTON GARDENS | ID                                                              | USA     | 83815            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                   |                |                                                                 |         |                  |  |
| <b>ID<br/>W 21344</b>                                                                                                                                  |               | Signature: Robert s. Legg                                                                                                                                           |                |                                                                 |         | Date: 09/17/2015 |  |
|                                                                                                                                                        |               | Name (type or print): Robert s. Legg                                                                                                                                |                |                                                                 |         | Title: Manager   |  |
| Processed 09/17/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                           |                |                                                                 |         |                  |  |