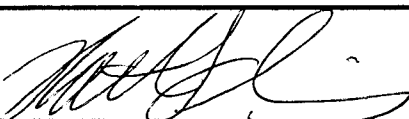


<b>No. W 92592</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> LEGACY ENTERPRISES, LLC NATE FLEMING <del>546 S TETON AVE</del> 391 S. Pine Ave SUGAR CITY ID 83448	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> NATE FLEMING <del>546 S TETON AVE</del> 391 S. Pine Ave SUGAR CITY ID 83448  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Nathan Fleming</td> <td>P.O. Box 748</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Nathan Fleming	P.O. Box 748	Rexburg	ID	USA	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold;">IDAHO W 92592</div>	<b>6.</b> Signature:  <hr/> Name (type or print): <u>Nathan Fleming</u> <div style="float: right; text-align: right;">           Date: <u>8/2/15</u>            Title: <u>Owner</u> </div>																																				
Issued 08/03/2015 by online																																					