

No. W 1632

Due no later than October 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WESTERN LEGENDS LC
W F LEHMAN
PO BOX 764
KETCHUM, ID 83340W F LEHMAN
106 GANNON DR CANYON DR.,
KETCHUM, ID 83340NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
CO-MANAGER	WILLIAM F. LEHMAN	PO BOX 764	KETCHUM	ID	83340
CO-MANAGER	MICHAEL J. MCCARTHY	11E 600 SOUTH	VICTOR	ID	83455

5. Organized Under the Laws of:

IDAHO
W 1632

6.

Signature

W F Lehman

Date

10-8-08

Name

(Typed or
Printed)

W. F. LEHMAN

Title

CO-MANAGER