| No. <b>W 186572</b>  | Due no later than Jul 31, 2018  |            | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|---|------------|--|-------|---------|-------------|
| Return to:   | Annual Report Form  |            | DEAN L CAMERON, IDAHO DEPT OF                |       |         |             |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.  WESTERN LEGACY SERVICE L.L.C.  SETH SIMONDS  6315 SNOWVIEW DR  PARK CITY UT 84098 |            | 700 W STATE ST 3RD FL<br>BOISE ID 83702-8409 |       |         |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                                   |   |            |  |       |         |             |
|  |   |            | 3. <u>New</u> Registered Agent Signature:*   |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | USA   |            |  |       |         |             |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |   |            |  |       |         |             |
| Office Held Name   | Street or I   | PO Address | City   | State | Country | Postal Code |
| MEMBER SETH NEIL   | SIMONDS 6315  |            | PARK CITY                                    | UΤ    | USA     | 84098       |
| 5. Organized Under the Laws of:  | r the Laws of:  6. Annual Report must be signed.*   |            |  |       |         |             |
| UT   | Signature: Seth Simonds   |            | Date: 06/07/2018                             |       |         |             |
| W 186572   | Name (type or print): Seth Simonds  |            | Title: President                             |       |         |             |
| Processed 06/07/2018   | * Electronically provided signatures are accepted as original signatures.   |            |  |       |         |             |