No. W 119646		Due no later than Dec 31, 2014	2. Registered Agent and Address (NO PO BOX) BOB KELLER 2606 SUNSET DR LEWISTON 83501 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEGACY NORTHWEST INSURANCE, LLC DON MCQUARY 1401 E 57TH AVE SPOKANE WA 99223				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER DON MCQUA		ARY 1401 E 57TH AVE	SPOKANE	WA	USA	99223
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
WA		Signature: Laura Hopper	Date: 11/04/2014			
W 119646		Name (type or print): Laura Hopper	Title: Agency Support Services			
Processed 11/04/2014 * Electronically provided signatures are accepted as original signatures.						