No. <b>W 11523</b>		Due no later than Mar 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOEL ROBISON 1705 S 6000 W REXBURG 83440  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LEGACY N JOEL ROE PO BOX 8	1. Mailing Address: Correct in this box if needed.  LEGACY NETWORK L.L.C. (THE)  JOEL ROBISON  PO BOX 812  REXBURG ID 83440					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	er Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JOEL ROBISON		1705 SOUTH 6000 WEST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: 6. Annual		eport must be signed.*					
ID	Signature	Signature: joel		Date: 02/03/2015			
W 11523	Name (typ	Name (type or print): joel		Title: member			
Processed 02/03/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					