No. W 141445			Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. LEGACY DEVELOPMENT, LLC GRANT KOLNES 9601 W STATE ST STE 205 BOISE ID 83714		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		4 Mailin			GRANT KOLNES 9601 W STATE ST STE 205 BOISE ID 83714 3. New Registered Agent Signature:*			
		LEGACY D GRANT K 9601 W S						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Ente	r Names and Addr	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	GRANT	KOLNES	9601 W STATE ST STE 205	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature	Signature: Grant Kolnes		Date: 08/11/2017			
W 141445		Name (typ	oe or print): Grant Kolnes		Title: Member			
Processed 08/11/2017 * Electronically provided signatures are accepted as original signatures.								