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|--|-----------------|--|------------|---|---------|------------------------------------|--|
| No. W 90696 | | Due no later than Feb 28, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | STACEY L LUCICH 1216 FILER AVE EAST TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. LEGACY ASSURANCE GROUP, LLC STACEY L LUCICH 1216 FILER AVE EAST TWIN FALLS ID 83301 USA | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | STACEY L LUCICH | 1216 FILER AVE EAST | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 90696 | | 6. Annual Report must be signed.* Signature: Stacey L Lucich Name (type or print): Stacey L Lucich | | | | Date: 12/09/2010 Title: Manager | |
| Processed 12/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |