

|                                                                                                                                                        |               |                                                                                                                                                                   |                |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 4806</b>                                                                                                                                      |               | <b>Due no later than Oct 31, 2012</b>                                                                                                                             |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ROBERT S. LEGG FAMILY, L.L.C.<br>ROBERT S LEGG<br>6727 N DAVENPORT ST<br>DALTON GARDENS ID 83815 |                | ROBERT LEGG<br>6727 N DAVENPORT ST<br>DALTON GARDENS ID 83815 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                   |                | 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                                                                                                                                                | PAMELA B LEGG | 6727 N DAVENPORT ST                                                                                                                                               | DALTON GARDENS | ID                                                            | USA     | 83815       |  |
| MANAGER                                                                                                                                                | ROBERT S LEGG | 6727 N DAVENPORT ST                                                                                                                                               | DALTON GARDENS | ID                                                            | USA     | 83815       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 4806</b>                                                                                            |               | 6. Annual Report must be signed.*<br>Signature: Pamela B. Legg<br>Name (type or print): Pamela B. Legg<br><br>Date: 08/14/2012<br>Title: Manager                  |                |                                                               |         |             |  |
| Processed 08/14/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                         |                |                                                               |         |             |  |