

|                                                                                                                                                        |                  |                                                                                                                                                                |         |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 51493</b>                                                                                                                                     |                  | <b>Due no later than Jun 30, 2009</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>LEGACY BUILDERS AND DEVELOPMENTS, L.L.C.<br>SCOTT W WILLIAMS<br>1436 N 1060 E<br>SHELLEY ID 83274 |         | SCOTT W WILLIAMS<br>1436 N 1060 E<br>SHELLEY ID 83274 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                |         | 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                                                                                                                                                | SCOTT W WILLIAMS | 1436 N 1060 E                                                                                                                                                  | SHELLEY | ID                                                    | USA     | 83274       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 51493</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Scott Williams<br>Name (type or print): Scott Williams<br>Date: 04/15/2009<br>Title: Manager                   |         |                                                       |         |             |  |
| Processed 04/15/2009                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                      |         |                                                       |         |             |  |