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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 35568</b>                                                                                                                                     |              | <b>Due no later than Dec 31, 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><br>LEGACY HOLDING, LLC<br>SUSAN LAWSON<br>2439 NE LINDSEY DR<br>HILLSBORO OR 97124 |           | CHRISTINE DONOHUE<br>12476 W HUTCHINSON ST<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                                  |           | 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      |  |
| MEMBER                                                                                                                                                 | SUSAN LAWSON | 2439 NE LINDSEY DR                                                                                                                               | HILLSBORO | OR                                                           | USA     | 97124            |  |
| MEMBER                                                                                                                                                 | DAVID LAWSON | 2439 NE LINDSEY DR                                                                                                                               | HILLSBORO | OR                                                           | USA     | 97124            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                |           |                                                              |         |                  |  |
| <b>ID<br/>W 35568</b>                                                                                                                                  |              | Signature: David Lawson                                                                                                                          |           |                                                              |         | Date: 12/18/2009 |  |
|                                                                                                                                                        |              | Name (type or print): David Lawson                                                                                                               |           |                                                              |         | Title: Member    |  |
| Processed 12/18/2009                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                        |           |                                                              |         |                  |  |