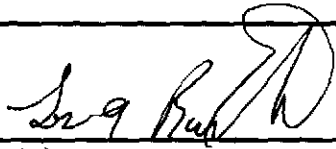


No. W 146918	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LESLIE ALLEN BAXTER 300 SHOUP ST SALMON ID 83467
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LEGACY REAL PROPERTY, LLC LES BAXTER 300 SHOUP STREET SALMON ID 83467 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Leslie Allen Baxter, 300 Shoup St. Salmon, Id. 83467			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Laura K. Baxter, 300 Shoup St. Salmon, Id 83467			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 146918 </div>		6. Signature:  <hr/> Name (type or print): <u>Leslie Allen Baxter</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>3/6/2017</u> Title: <u>Manager</u> </div> </div>	
Issued 03/06/2017 by online		105150	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM