No. W 24991		Due no later than Jul 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. EQUESTRIAN CENTER ILC (THE) SAMANTHA HARVEY 55 TROTTER IN SANDPOINT ID 83864		SAMANTHA HARVEY 55 TROTTER LANE SANDROINT ID 93964				
					SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Nar	mes and Addresses	s of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	SAMANTHA	HARVEY	33 TROTTER LN		SANDPOINT	ID		83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 24991		Signature: Samantha Harvey			Date: 05/24/2016			
		Name (type or print): Samantha Harvey			Title: Member			
Processed 05/24/2016	rocessed 05/24/2016 * Electronically provided signatures are accepted as original signatures.							