No. C 190167		Due no later than Feb 29, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		000000000000000000000000000000000000000	KALLEY BOWEN 2747 WEST 3800 SOUTH REXBURG ID 83440			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTHFORK THERAPEUTIC RIDING, INC. KALLEY BOWEN 2747 WEST 3800 SOUTH REXBURG ID 83440 USA						
				3. <u>New</u>	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR J	JUSTIN BOWEN		2747 WEST 3800 SOUTH	REXBL	JRG ID	USA	83440	
DIRECTOR V	WYATT KIN	GHORN	P.O BOX 822	JACKS	SON MT	USA	59736	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kalley Bowen			Date: 03/04/2016			
C 190167		Name (type or print): Kalley Bowen			Title: CEO			
Processed 03/04/2016	24/2016 * Electronically provided signatures are accepted as original signatures.							