

No. C 146334		Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HEALING PARTNERS EQUESTRIAN PROGRAM, INC. RAND GURLEY 506 N FOURTH AVE SANDPOINT ID 83864		LEIGH MIRE 506 N FOURTH AVE SANDPOINT ID 83864			
						3. <u>New</u> Registered Agent Signature:*	
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	
PRESIDENT	ELEANOR R GURLEY	506 N FOURTH AVE	SANDPOINT	ID	USA	83864	
SECRETARY	BARBARA PECKHAM	506 N FOURTH AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 146334		6. Annual Report must be signed.* Signature: Eleanor R Gurley Name (type or print): Eleanor R Gurley					
Processed 09/18/2017		* Electronically provided signatures are accepted as original signatures. Date: 09/18/2017 Title: Owner					