

No. W 75842		Due no later than Jul 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EQUINE HOSPITAL AND LAMENESS CENTER, LLC ROBIN L HAYES 7100 N POLLARD LN MERIDIAN ID 83646 USA		DAVID P HAYES 7100 N POLLARD LN MERIDIAN ID 83646			
				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	ROBIN L HAYES	7100 N POLLARD LN	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 75842		6. Annual Report must be signed.* Signature: Robin L Hayes Name (type or print): Robin L Hayes Date: 06/16/2015 Title: Member					
Processed 06/16/2015		* Electronically provided signatures are accepted as original signatures.					