| No. W 95813 | | Due no later than Aug 31, 2016 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--------------------|--|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | JANICE LEONARD | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SNAKE RIVER EQUESTRIAN CENTER, L.L.C. JANICE LEONARD 258 W 350 N | | 258 W 350 N BLACKFOOT ID 83221 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BLACKFOOT ID 83221 USA | | 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 Addre | SS | City | State | Country | Postal Code |
| MANAGER JANICE LEON | | VARD | 258 W 350 N | | BLACKFOOT | ID | USA | 83221 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Janice Leonard | | | Date: 08/31/2016 | | | |
| W 95813 | | Name (type or print): Janice Leonard | | | Title: Manager | | | |
| Processed 08/31/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |