

No. <b>L 4024</b>		<b>Due no later than Mar 31, 2013</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		STEVEN G FAIRBROTHER 950 BUCKHORN DR HAILEY ID 83333			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
WOOD RIVER EQUINE HOSPITAL, LP STEVEN G FAIRBROTHER DVM P.O. BOX 2766 HAILEY ID 83333 USA							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	STEVEN G FAIRBROTHER DVM	950 BUCKHORN DR	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: <b>ID L 4024</b>		6. Annual Report must be signed.* Signature: Steven G. Fairbrother Name (type or print): Steven G. Fairbrother Date: 03/18/2013 Title: Dvm					
Processed 03/18/2013		* Electronically provided signatures are accepted as original signatures.					