

No. W 10885	Due no later than Jan 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX KATHLEEN LOVGREN 18181 HENDERSON RD 18281 HARDISON RD POST FALLS, ID 83854
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 applicable POST FALLS EQUESTRIAN CENTER, LLC 18281 18181 HARDISON RD POST FALLS, ID 83854		3. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
Manager	Kathleen Lovgren	P.O. Box 614	POST FALLS ID 83877
Treasurer	FRED LOVGREN	P.O. Box 614	POST FALLS ID 83877
Business Manager	Adam Lovgren	P.O. Box 614	POST FALLS, ID 83877
Member	Eric Lovgren	1924 W. Elizabeth	T. COLLINS, CO 80521
5. Organized Under the Laws of: IDAHO W 10885		6. Signature <u>Kathleen Lovgren</u> Date <u>11/20/2001</u> Name (Typed or Printed) <u>Kathleen Lovgren</u> Title <u>MANAGER</u>	