No. **W 7218**	**Due no later than Oct 31, 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.** PARKWOOD EQUESTRIAN CENTER, L.L.C. SALLY PARKS & TOM WOOD 1800 E 49 S IDAHO FALLS ID 83404-7654	TOM WOOD 1800 E 49 S IDAHO FALLS ID 83404 3. New 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
MANAGER	SALLY PARKS	1800 E 49 S	IDAHO FALLS	ID		83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 7218**	Signature: Sally Parks	Date: 08/22/2017
	Name (type or print): Sally Parks	Title: Manager

Processed 08/22/2017

* Electronically provided signatures are accepted as original signatures.