

No. W 24627	Due no later than June 30, 2004 Annual Report Form		2. Registered Agent and Office 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 applicable		LYNN M POOLE 6114 WEST 3800 SOUTH REXBURG, ID 83440																			
	POOLE QUARTER HORSES, LLC 6114 WEST 3800 SOUTH REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature																			
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Lynn M Poole</td> <td>6114 W 3800 S</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>Sec</td> <td>Joanne K Poole</td> <td>6114 W 3800 S</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Lynn M Poole	6114 W 3800 S	Rexburg	ID	83440	Sec	Joanne K Poole	6114 W 3800 S	Rexburg	ID	83440
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5. Organized Under the Laws of: IDAHO W 24627		6. Signature <u>Lynn M Poole</u> Date <u>4-8-04</u> Name (Typed or Printed) <u>Lynn M. Poole</u> Title <u>Manager</u>																				

Issued 04/01/2004

Do Not Tape or Staple

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