

No. W 7218	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> PARKWOOD EQUESTRIAN CENTER, SALLY PARKS 1800 E 49 S </div>		<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> SALLY PARKS 1800 E 49 S IDAHO FALLS ID 83402 </div>
	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> IDAHO FALLS ID 83402 </div>		3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> ID W 7218 </div>
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
	SALLY PARKS	1800 E 49 th S 	Idaho Falls Id 83402
5. <u>New</u> Registered Agent Signature		6. Signature <u><i>Sally Parks</i></u> Date <u>10/14/99</u> Name <small>(Typed or Printed)</small> <u>SALLY PARKS</u> Title _____	

ISSUED: 10-02-1999

766