

No. C 190187		Due no later than Feb 28, 2014 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. SKY RIDER THERAPEUTIC TRAINING CENTER, INC. CINDY KOFFORD 534 S 1550 W PINGREE ID 83262		CINDY KOFFORD 534 S 1550 W PINGREE ID 83262			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KAMI JONES	1427 W HWY 39	PINGREE	ID	USA	83262	
PRESIDENT	TARALEE CARTER	1178 W 100 S	BLACKFOOT	ID	USA	83221	
DIRECTOR	CINDY KOFFORD	534 SOUTH 1550 WEST	PINGREE	ID	USA	83262	
5. Organized Under the Laws of: ID C 190187		6. Annual Report must be signed.* Signature: Cindy Kofford Name (type or print): Cindy Kofford					
		Date: 02/04/2014 Title: Director					
Processed 02/04/2014		* Electronically provided signatures are accepted as original signatures.					