

No. C 189084	Due no later than Nov 30, 2016 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. CAROUSEL FARMS THERAPY CENTER INC. CAROL STINER 3625 W HUBBARD ROAD KUNA ID 83634 USA		CAROL STINER 3625 W HUBBARD ROAD KUNA ID 83634			
			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
DIRECTOR	LEE VINZANT	8572 W STIRRUP ST	BOISE	ID	USA	83709
DIRECTOR	MARILYN GIACOLONE	9918 LANDRUFF ST	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of: ID C 189084	6. Annual Report must be signed.* Signature: Carol Stiner Name (type or print): Carol Stiner		Date: 10/11/2016 Title: CEO			
Processed 10/11/2016		* Electronically provided signatures are accepted as original signatures.				