

No. <b>C 56323</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>MARY E. KIMBALL</b> <b>P.O. BOX 457</b> <b>27 ROPES END RD.</b> <b>BELLEVUE ID 83313</b>																																										
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct <b>IDAHO DRESSAGE AND COMBINED</b> <del>JOAN DARNELL</del> <b>PATTI ADAM</b> <del>2686 W 2600 SO.</del> <b>2508 LAURIE LN</b> <b>REXBURG TWIN FALLS ID 83301</b>	3. Organized Under the Laws of: <b>ID</b> <b>C 56328</b>																																										
* <b>FIRST NOTICE *</b>																																												
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																																												
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </table>			Office held	Name	Street or P.O. Address	City	State	Zip																																				
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5. <b>NATURE OF BUSINESS</b>  <b>RIDING CLUB</b>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Patti Adam</u> Date <u>8-14-96</u> Name (Typed or Printed) <u>Patti Adam</u> Title <u>President</u>																																											

ISSUED: 07-06-1996

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