

No. <b>L 4024</b>		<b>Due no later than Mar 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  WOOD RIVER EQUINE HOSPITAL, LP STEVEN G FAIRBROTHER 950 BUCKHORN DR HAILEY ID 83333		STEVEN G FAIRBROTHER 950 BUCKHORN DR HAILEY ID 83333		
				3. <u>New</u> Registered Agent Signature:*		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
GENERAL PARTNER	LESLIE FAIRBROTHER	950 BUCKHORN DR	HAILEY	ID	USA	83333
GENERAL PARTNER	STEVEN G FAIRBROTHER	748 S MAIN	BELLEVUE	ID	USA	83313
5. Organized Under the Laws of:  <b>ID L 4024</b>		6. Annual Report must be signed.* Signature: Leslie Fairbrother Name (type or print): Leslie Fairbrother Date: 03/24/2010 Title: Partner				
Processed 03/24/2010		* Electronically provided signatures are accepted as original signatures.				