

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>		STEVEN G FAIRBROTHER 950 BUCKHORN DR HAILEY ID 83333			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WOOD RIVER EQUINE HOSPITAL, LP STEVEN G FAIRBROTHER 950 BUCKHORN DR HAILEY ID 83333					
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.					