No. W 76479		Due no later than Jul 31, 2009		2. Regi	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			STACY JONES 7066 HACIENDA WY NAMPA ID 83686				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. GOLD BUCKLE DREAMS THERAPEUTIC RIDING CENTER LLC STACY JONES 7066 HACIENDA WY							
		NAMPA ID 83686		3. <u>New</u>	3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of	at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	Sta	ate	Country	Postal Code	
MEMBER RYKER O JO		ONES	7066 HACIENDA WAY	NAMP	PA I	D	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Stacy Jones			Date: 08/08/2009				
W 76479		Name (type or print): Stacy Jones		Title: Owner					
* Electronically provided signatures are accepted as original signatures.									