

No. C 146334		Due no later than Nov 30, 2014		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		Annual Report Form		LEIGH MIRE 506 N FOURTH AVE SANDPOINT 83864			
		1. Mailing Address: Correct in this box if needed. HEALING PARTNERS EQUESTRIAN PROGRAM, INC. RAND GURLEY 506 N FOURTH AVE SANDPOINT ID 83864		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	
PRESIDENT	ELEANOR R GURLEY	506 N FOURTH AVE	SANDPOINT	ID	USA	83864	
SECRETARY	BARBARA PECKHAM	506 N FOURTH AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 146334		Signature: eleanor rand gurley				Date: 10/07/2014	
		Name (type or print): eleanor rand gurley				Title: president	
Processed 10/07/2014		* Electronically provided signatures are accepted as original signatures.					