No. C 169681		Due no later than Nov 30, 2011		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 1. Mailing Address: Correct in this box if needed. SOARINGHAWK THERAPEUTIC EQUESTRIAN PROGRAM INC DEBORAH D SAMOVAR 9176 SOARING HAWK LN PO BOX 178 ST MARIES ID 83861-9640 USA		INGA CABRAL 9259 SOARING HAWK LN ST MARIES ID 83861-9640 3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR MARGO STILES DIRECTOR STACI CRAWFORD			4202 E VAN DUSEN 6814 HELLS GULCH RD	HARRISON SAINT MARIES	ID ID	USA USA	83833 83861
TREASURER DEBORAH D		SAMOVAR	9176 E SOARING HAWK LANE	SAINT MARIES	ID	USA	83861-9640
SECRETARY DEBORAH D		SAMOVAR	9176 E SOARING HAWK LANE	SAINT MARIES	ID	USA	83861-9640
PRESIDENT CHERI THAUT		Л	57665 S HWY 97	SAINT MARIES	ID	USA	83861
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Deborah Samovar			Date: 09/27/2011		
C 169681		Name (type or print): Deborah Samovar			Title: Secretary		
Processed 09/27/2011		* Electronically pro	vided signatures are accepted as original sig	gnatures.			